

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000165329

Entity Name: CARE AMBULANCE CODE AND BILLING LLC

Current Principal Place of Business:

1175 ROMAINE CIRCE E
JACKSONVILLE, FL 32225

Current Mailing Address:

1175 ROMAINE CIRCLE E
JACKSONVILLE, FL 32225 US

FEI Number: 83-1148084

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, SHIRMAUL A
1175 ROMAINE CIRCLE E
JACKSONVILLE, FL 32225 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHIRMAUL WILSON

10/01/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name WILSON, SHIRMAUL A
Address 7539 LUEDERS AVE
City-State-Zip: JACKSONVILLE FL 32208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIRMAUL WILSON

AR

10/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date