

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000083084

Entity Name: WILSON EMERGENCY MEDICAL TRAINING, LLC

Current Principal Place of Business:

934 WALNUT CREEK LANE
KISSIMMEE, FL 34759

Current Mailing Address:

934 WALNUT CREEK LANE
KISSIMMEE, FL 34759 US

FEI Number: 47-2998416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, JOHN A
934 WALNUT CREEK LANE
POINCIANA, FL 34759 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WILSON, JOHN A
Address 934 WALNUT CREEK LANE
City-State-Zip: POINCIANA FL 34759

Title MGR
Name WILSON, WANDA L
Address 934 WALNUT CREEK LANE
City-State-Zip: POINCIANA FL 34759

Title AMBR
Name WILSON, JASMIN L
Address 934 WALNUT CREEK LANE
City-State-Zip: POINCIANA FL 34759

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: JOHN A. WILSON

PRESIDENT

02/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date