

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000420033

Entity Name: SOUTHERNMOST MEDICAL TRANSPORT, LLC

Current Principal Place of Business:

1608 JAMAICA DR
KEY WEST, FL 33040

Current Mailing Address:

1608 JAMAICA DR
KEY WEST, FL 33040

FEI Number: 93-4466178

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TURNER, PAULA
1608 JAMAICA DR
KEY WEST, FL 33040 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	Title	MGR
Name	TURNER, PAULA	Name	CATON, JAMES
Address	1608 JAMAICA DR	Address	719 THOMAS STREET
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040
Title	MGR		
Name	MARGARET ANNABELLE BOYD		
Address	719 THOMAS STREET		
City-State-Zip:	KEY WEST FL 33040		

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: PAULA TURNER

MANAGER

02/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date