

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000150820

Entity Name: TRUCARE NON EMERGENCY MEDICAL TRANSPORTATION OF JAX, LLC

FILED
Mar 07, 2024
Secretary of State
2764095781CC

Current Principal Place of Business:

7643 GATE PKWY
STE 104-352
JACKSONVILLE, FL 32256

Current Mailing Address:

7643 GATE PKWY
STE 104-352
JACKSONVILLE, FL 32256 US

FEI Number: 92-3322195

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FOWLER, WAYNE
7643 GATE PKWY, STE 104-352
JACKSONVILLE, FL 32256 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 FOWLER, CHERYL
Address 5199 OAK BEND AVE
City-State-Zip: JACKSONVILLE FL 32257

Title CEO
Name FOWLER, WAYNE
Address 7643 GATE PKWY
STE 104-352
City-State-Zip: JACKSONVILLE FL 32256

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: CHERYL FOWLER

BUSINESS MANAGER

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date