2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 30, 2024
Secretary of State
3855418396CC

DOCUMENT# L23000150820

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

Current Principal Place of Business:

5199 OAK BEND AVE
JACKSONVILLE, FL 32257

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	CEO	Title	COO
Name	FOWLER, CHERYL	Name	FOWLER, WAYNE
Address	5199 OAK BEND AVE	Address	5199 OAK BEND AVE
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257

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 CEO 04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date