

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001356

**FILED**  
**Apr 12, 2014**  
**Secretary of State**  
**CC4845199298**

**Entity Name:** COMFORT CARE TRANSPORTATION, LLC

**Current Principal Place of Business:**

8637 FREDERICKSBURG ROAD  
SUITE 360  
SAN ANTONIO, TX 78240

**Current Mailing Address:**

8637 FREDERICKSBURG ROAD  
SUITE 360  
SAN ANTONIO, TX 78240 US

**FEI Number:** 11-3647007

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           DREYLING, SCOTT MATHEW  
Address        13625 TECHNOLOGY DRIVE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title           MANAGER  
Name           GRUNDHOEFER, BRYAN DAVID  
Address        8637 FREDERICKSBURG ROAD  
                  SUITE 360  
City-State-Zip: SAN ANTONIO TX 78240

Title           MANAGER  
Name           ZIESMANN, THOMAS K.  
Address        8637 FREDERICKSBURG ROAD  
                  SUITE 360  
City-State-Zip: SAN ANTONIO TX 78240

*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:** SCOTT MATHEW DREYLING

**MANAGER**

**04/12/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date