

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001356

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

Title MEMBER
Name WELLMED MEDICAL MANAGEMENT,
 INC.
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: WELLMED MEDICAL MANAGEMENT, INC.

MEMBER

04/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date