


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000097965 1. Entity Name AIR AMBULANCE CONNECTION, LLC	
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FILED

07 APR 23 PM 3:09

BK SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 15500 NEW BARN ROAD, SUITE 200 MIAMI, FL 33014	Mailing Address 15500 NEW BARN ROAD, SUITE 200 MIAMI, FL 33014
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2. Principal Place of Business - No P.O. Box # 15500 New Barn Road	3. Mailing Address same	Suite, Apt. #, etc. Suite 205	Suite, Apt. #, etc.
City & State Miami Lakes, FL	City & State	4. FEI Number 01182007 Chg-LLC CR2E083 (12/06)	Applied For Not Applicable

Zip 33014	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MATZNER, GARY C
 C/O MCDERMOTT WILL & EMERY LLP
 201 S. BISCAYNE BLVD., SUITE 2200
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	BK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HYGEIA CORPORATION 15500 NEW BARN ROAD, SUITE 200 MIAMI, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM One Hundred Years, LLC 15500 New Barn Road, Suite 205 Miami Lakes, Florida 33014
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: 	Date 4 / 23 / 2007	Daytime Phone # 305-594-9291
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SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE