

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097965

FILED  
Aug 12, 2008  
Secretary of State

**Entity Name:** AIR AMBULANCE CONNECTION, LLC

**Current Principal Place of Business:**

15500 NEW BARN ROAD, SUITE 205  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15500 NEW BARN ROAD, SUITE 205  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For (X)**  **FEI Number Not Applicable ( )**  **Certificate of Status Desired ( )**   
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ONE HUNDRED YEARS, L, LC  
Address: 15500 NEW BARN ROAD, SUITE 205  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID ANGELONE

MGR

08/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date