

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108714

**Entity Name:** SKY MEDICAL AIR L.L.C.

**Current Principal Place of Business:**

245 SE 1ST  
SUITE 316  
MIAMI , FL 33131

**Current Mailing Address:**

245 SE 1ST  
SUITE 316  
MIAMI , FL 33131 US

**FEI Number:** 45-3419672

**Certificate of Status Desired:** Yes

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

KALKAS, MARTTI J  
245 SE 1ST  
STE 225  
MIAMI, FL 33131 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:** MARTTI KALKAS

01/23/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name KALKAS, MARTTI J  
Address 245 SE 1ST ST  
STE 225  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name LOPEZ, CRISTINA C  
Address 245 SE 1ST  
SUITE 316  
City-State-Zip: MIAMI FL 33131

*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:** LOPEZ CRISTINA

**DIRECTOR**

01/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date