

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001430

FILED
Mar 28, 2009
Secretary of State

Entity Name: LIBERTY MEDICAL RESPONSE, INC.

Current Principal Place of Business:

8883 LIBERTY LANE SUITE 150
PORT ST LUCIE, FL 34952

New Principal Place of Business:

8883 LIBERTY LANE SUITE 150
PORT ST. LUCIE, FL 34952

Current Mailing Address:

8883 LIBERTY LANE SUITE 150
PORT ST LUCIE, FL 34952

New Mailing Address:

8883 LIBERTY LANE SUITE 150
PORT ST. LUCIE, FL 34952

FEI Number: 26-2246199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP () Change (X) Addition
Name: JONES, KEITH DIRPRES
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPS () Change (X) Addition
Name: MARINO, LORI B VPSEC
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SVPT () Change (X) Addition
Name: GAYLORD, PETER SVPTREA
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPAT () Change (X) Addition
Name: STARR, JONATHAN SVPATRE
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ASEC () Change (X) Addition
Name: WISSE, ALISA A ASEC
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP () Change (X) Addition
Name: SOKALER,, ALAN VP
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

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 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE LOUIS

POA

03/28/2009

Electronic Signature of Signing Officer or Director

Date