2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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: P
Name: JONES, KEITH
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

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

Title: SVPT
Name: GAYLORD, PETER
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DIR
Name: KENNEDY, JOAN
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DIR
Name: KORNWASSER, LAIZER
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DIR
Name: RUBINO, RICHARD J
Address: 8883 LIBERTY LANE SUITE 150
City-St-Zip: PORT ST. LUCIE, FL 34952

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 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 all other like empowered.

SIGNATURE: MICHELLE DONATO POA 04/09/2010

Electronic Signature of Signing Officer or Director Date