



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005437 1. Entity Name FLORIDA MEDICAL EXPRESS, L.L.C.	
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Principal Place of Business 710 S.E. AVENUE B (HIGHWAY 98), STE 10 CARRABELLE, FL 32322	Mailing Address 710 S.E. AVENUE B (HIGHWAY 98), STE 10 CARRABELLE, FL 32322
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03042004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 63-1272021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NOTES, DONALD A 710 S.E. AVENUE B (HIGHWAY 98), STE 10 CARRABELLE, FL 32322
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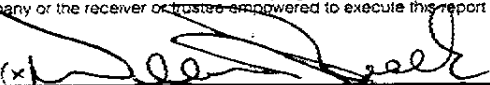
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2004	U000000100814 04/01/04-80023-005 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALABAMA MEDICAL EXPRESS, INC. 466 E. MAIN STREET PRATTVILLE, AL 36067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3-30-04 334 358 4332 <small>Date Daytime Phone #</small>
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