

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000023806

1. Entity Name  
NEWPORT EMERGENCY SERVICES, LLC



FILED

2005 MAY -6 AM 11: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
500 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309

Mailing Address  
C/O LEGAL DEPT  
2828 CROASDALE DR  
DURHAM, NC 27705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Penta Advisory Services, LLC  
Two North Charles Street  
Suite 400  
Baltimore, Maryland 21201

04272005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
56-2292711

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ECS HOLDINGS, INC.  
2828 CROASDALE DR  
DURHAM, NC 27705 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CRO, Director  
Charles R. Goldstein  
Penta Advisory Services, LLC  
Two North Charles Street-Suite 400  
Baltimore, Maryland 21201 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*James C. Holman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN

James C. Holman, Attorney/Authorized Rep. April 28, 2005 410-347-8790