

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90159 010 ****50.00

DOCUMENT # L03000014848

1. Entity Name
DEL RIO EMERGENCY MEDICAL SERVICES, L.L.C.



Principal Place of Business
**9925 MONTAGUE STREET
TAMPA, FL 33626**

Mailing Address
**9925 MONTAGUE STREET
TAMPA, FL 33626**

24012841

2. Principal Place of Business

11906 MERIDIAN POINT DR

3. Mailing Address

11906 MERIDIAN POINT DR



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132004 Chg-LLC CR2E083 (10/03)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

58-2560685

Applied For

Not Applicable

Zip
33626-3323

Country

Zip
33626-3323

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEL RIO, OMAR CPA
2324 SOUTH CONGRESS AVENUE STE. 2C
WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEL RIO, OSCAR
9925 MONTAGUE STREET
TAMPA, FL 33626** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**11906 MERIDIAN POINT DR
TAMPA FL 33626-3323**

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Oscar del Rio **Oscar del Rio** **2/15/04** **813 920-1540**