

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036183

FILED
Apr 25, 2011
Secretary of State

Entity Name: CLASSIC EMERGENCY PARTNERS, LLC

Current Principal Place of Business:

725 SW 46TH AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 4529
OCALA, FL 34478

New Mailing Address:

FEI Number: 06-1709279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, GARY C ESQ
121 NW THIRD STREET
OCALA, FL 34475 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WHITE, JAMES E
Address: 725 SW 46TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGR
Name: WHITE, DANIEL B
Address: 725 SW 46TH AVE
City-St-Zip: Ocala, FL 34474

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 E. WHITE

PRES

04/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date