## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000011993

FOSCHINI, TRAVIS

6084 SUNTAN CIRCLE

PENSACOLA, FL 32526

Name:

Address:

City-St-Zip:

Entity Name: 911 PC MEDICS LLC

FILED Jan 12, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** PENSACOLA, FL 32516 **Current Mailing Address: New Mailing Address:** PO BOX 3421 PENSACOLA, FL 32516 FEI Number: 26-0090359 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOSCHINI, TRAVIS 6084 SUNTAN CIRCLE PENSACOLA, FL 32526 US 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: ADDITIONS/CHANGES: () Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TRAVIS W FOSCHINI MGR 01/12/2009