

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026814

FILED
Sep 07, 2005
Secretary of State

Entity Name: EMERGENCY MEDICAL SOLUTIONS,LLC

Current Principal Place of Business:

6320 ST. AUGUSTINE RD.
SUITE 3
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6320 ST. AUGUSTINE RD.
SUITE 3
JACKSONVILLE, FL 32217 US

New Mailing Address:

6120 BERMUDA DRIVE
ORANGE PARK, FL 32003 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARK, JANE
8012 HOLLYRIDGE RD.
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

FOSTER, DAVID
6120 BERMUDA DRIVE
ORANGE PARK, FL 32003 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: DAVID FOSTER

09/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARK, JANE
Address: 6320 ST. AUGUSTINE RD. SUITE 3
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM () Delete
Name: COBB, JUDITH
Address: 6320 ST. AUGUSTINE RD. SUITE 3
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM (X) Delete
Name: FOSTER, DAVID
Address: 6320 ST. AUGUSTINE RD. SUITE 3
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM (X) Delete
Name: CEITHAML, SUSAN
Address: 6320 ST. AUGUSTINE RD. SUITE 3
City-St-Zip: JACKSONVILLE, FL 32217 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOSTER, DAVID
Address: 6120 BERMUDA DRIVE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: MGRM (X) Change () Addition
Name: PARK, JANE
Address: 6320 ST. AUGUSTINE RD. SUITE 4
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID FOSTER

MGRM

09/07/2005

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