2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L04000026814

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:

6120 BERMUDA DRIVE
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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

ADDITIONS/CHANGES:

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 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: DAVID E. FOSTER MGRM 04/30/2006

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