2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2012
Secretary of State

DOCUMENT# L04000026814

Entity Name: EMERGENCY MEDICAL SOLUTIONS,LLC

Current Principal Place of Business:

2727 SHADE TREE DR.
FLEMING ISLAND, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

2727 SHADE TREE DR.
FLEMING ISLAND, 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
2727 SHADE TREE DR.
FLEMING ISLAND, 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
Name: FOSTER, DAVID E JR
Address: 2727 SHADE TREE DR.
City-St-Zip: FLEMING ISLAND, FL 32003 US

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 Statues.

SIGNATURE: DAVID E FOSTER,JR MGRM 06/11/2012

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