

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 09, 2009
Secretary of State**

DOCUMENT# L04000070853

Entity Name: 1 800 AMBULANCE LLC

Current Principal Place of Business:

6538 COLLINS AVENUE
277
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

6538 COLLINS AVENUE
277
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 41-2154241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSH HOOD
6538 COLLINS AVE
#277
MIAMI BEACH, FL 33141 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: GELFAND, FRED
Address: 1061 N. E. 27TH WAY
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM () Delete
Name: HOOD, JOSHUA
Address: 5750 COLLINS AV 15 B
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HOOD, JOSHUA
Address: 6538 COLLINS AVE 298
City-St-Zip: MIAMI BEACH, FL 33141 US

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: JOSHUA HOOD

MGRM

01/09/2009

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