

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023053

Entity Name: AIRLIFE MEDICAL, LLC

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

209 MAIN ST  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

209 MAIN ST  
AUBURNDALE, FL 33823

**New Mailing Address:**

FEI Number: 20-2421123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRAUCKMULELR, RICHARD  
4803 LAKE JULIANA RESERVE  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

BRAUCKMULLER, RICHARD  
4803 LAKE JULIANA RESERVE  
AUBURNDALE, FL 33823 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: RICK BRAUCKMULLER

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRAUCKMULLER, RICHARD  
Address: 4803 LAKE JULIANA RESERVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: BRAUCKMULLER, ANGELA J MRS.  
Address: 4803 LAKE JULIANA RESERVE  
City-St-Zip: AUBURNDALE, FL 33823

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: ANGELA BRAUCKMULLER

MGR

01/08/2007

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