

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90043 020 \*\*\*\*61.25

**DOCUMENT # L05000034993**

1. Entity Name  
**AIR MEDIC FLIGHT SERVICES, LLC**



Principal Place of Business  
**333 N BYRON BUTLER PKWY  
PERRY, FL 32347**

Mailing Address  
**333 N BYRON BUTLER PKWY  
PERRY, FL 32347**

W W

**60052965**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**05-1624856**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, RICHARD L  
333 N BYRON BUTLER PKWY  
PERRY, FL 32347**

Name **Terri Parsons**

Street Address (P.O. Box Number is Not Acceptable)

**333 N. Byron Butler Pkwy**

City **Perry**

**FL 32347**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7.12.07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **DOCTOR'S MEMORIAL HOSPITAL, INC.**  
STREET ADDRESS **333 N. BYRON BUTLER PARKWAY**  
CITY-ST-ZIP **PERRY, FL 32347**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7.12.07 850-584-0652**

Date

Daytime Phone #