

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90261 009 ****50.00

DOCUMENT # L05000095512

1. Entity Name
LIFEGUARD AMBULANCE SERVICE OF GEORGIA, LLC



Principal Place of Business
P.O. BOX 487
GULF BREEZE, FL 32562

Mailing Address
P.O. BOX 487
GULF BREEZE, FL 32562



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3668988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCHE, JOHN
4211 JERRY L. MAYGARDEN ROAD
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

3-14-06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ROCHE, JOHN
STREET ADDRESS 4211 JERRY L. MAYGARDEN ROAD
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

3-14-06

850-473-6776