2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L05000108255

Entity Name: TEAM PARAMEDIC, LLC

Current Principal Place of Business:

9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 56-2540946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KATZ, STEVEN H
9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446 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: KATZ, STEVEN H
Address: 9509 NEW WATERFORD COVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM ( ) Delete
Name: KATZ, NICOLE A
Address: 9509 NEW WATERFORD COVE
City-St-Zip: DELRAY BEACH, FL 33446 US

ADDITIONS/CHANGES:

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

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

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: NICOLE A KATZ MGRM 01/04/2007

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