2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023140

Entity Name: AMBULANCE MANAGEMENT SERVICES, LLC

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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127 CREEK DRIVE 22093 KIMBLE AVENUE

PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

% GARY A. KAHLE, FARR FARR EMERICH HACKETT 22093 KIMBLE AVENUE

99 NESBIT STREET PORT CHARLOTTE, FL 33952 PUNTA GORDA, FL 33950

FEI Number: 20-4766863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KAHLE, GARY A GRANT, MICHAEL J MGR
FARR, FARR, EMERICH, HACKETT AND CARR P.A. 22093 KIMBLE AVENUE

99 NESBIT STREET PORT CHARLOTTE, FL 33952 US PUNTA GORDA, FL 33950 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: MICHAEL GRANT 04/24/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete Title: MR () Change (X) Addition

 Name:
 Name:
 GRANT, MICHAEL MGR

 Address:
 Address:
 22093 KIMBLE AVENUE

 City-St-Zip:
 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title: () Delete Title: MRS () Change (X) Addition

 Name:
 Name:
 GRANT, LORRAINE MGR

 Address:
 22093 KIMBLE AVENUE

 City-St-Zip:
 City-St-Zip:
 PORT CHARLOTTE, FL 33952

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: MICHAEL GRANT MGR 04/24/2007