

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023140

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** AMBULANCE MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

22093 KIMBLE AVENUE  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

4351 PINNACLE STREET  
CHARLOTTE HARBOR, FL 33980

**Current Mailing Address:**

22093 KIMBLE AVENUE  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

4351 PINNACLE STREET  
CHARLOTTE HARBOR, FL 33980

**FEI Number:** 20-4766863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRANT, MICHAEL J MGR  
22093 KIMBLE AVENUE  
PORT CHARLOTTE, FL 33952 US

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

GRANT, MICHAEL J MGR  
4351 PINNACLE STREET  
CHARLOTTE HARBOR, FL 33980 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:**

04/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR ( ) Delete  
Name: GRANT, MICHAEL MGR  
Address: 22093 KIMBLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MRS ( ) Delete  
Name: GRANT, LORRAINE MGR  
Address: 22093 KIMBLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: GRANT, MICHAEL MGR  
Address: 4351 PINNACLE STREET  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: MRS (X) Change ( ) Addition  
Name: GRANT, LORRAINE MGR  
Address: 4351 PINNACLE STREET  
City-St-Zip: CHARLOTTE HARBOR, FL 33980

I hereby certify that the information supplied with this filing does not qualify 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

04/15/2008

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