## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000051269

Entity Name: EMS OF DELAND, LLC

223 S. WOODLAND BOULEVARD

DELAND, FL 32720 US

Address:

City-St-Zip:

FILED Mar 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 223 S. WOODLAND BLVD. DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** P.O.BOX 459 DELAND, FL 32721 US FEI Number: 20-4993723 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: BAUER, KIRK T 223 S. WOODLAND BLVD. DELAND, FL 32720 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: ADDITIONS/CHANGES: MGR ( ) Delete Title: () Change () Addition CLAYTON, JAMES B Name: Name: Address: P.O. BOX 39 Address: City-St-Zip: DELEON SPRINGS, FL 32130 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BAUER, MARTHA C Name: Address: 3355 BLACK BEAR TRAIL Address: City-St-Zip: DELAND, FL 32724 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition RILEY, ELIZABETH C Name: Name: Address: 795 LANCASTER ROAD Address: City-St-Zip: DELAND, FL 32720 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: BAUER, KIRK T Name:

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.

Address:

City-St-Zip:

SIGNATURE: KIRK T. BAUER MGR 03/19/2009