

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90332 006 ***150.00

DOCUMENT # L06000051826

1. Entity Name
EMERGENCY MEDICAL DEVICES, LLC



Principal Place of Business
**P.O. BOX 367
LOXAHATCHEE, FL 33470**

Mailing Address
**P.O. BOX 367
LOXAHATCHEE, FL 33470**

60047371



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292007 Chg-LLC CR2E083 (12/06)

4. FEI Number

205475397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOLSKI, STEPHEN J JR.
CATLIN SAXON EVANS FINK KOLSKI & ROMANEZ
2600 DOUGLAS ROAD, SUITE 1109
CORAL GABLES, FL 33134**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MENTKOW, JACK
1875 TULIP LANE
WELLINGTON, FL 33414** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MENTKOW, LISA
1875 TULIP LANE
WELLINGTON, FL 33414** ☐ Delete

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

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CITY- ST- ZIP
☐ Change ☐ Addition

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

4.27.07

Date

561-793-9773

Daytime Phone #