

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051826

FILED
May 01, 2009
Secretary of State

Entity Name: EMERGENCY MEDICAL DEVICES, LLC

Current Principal Place of Business:

P.O. BOX 367
LOXAHATCHEE, FL 33470

New Principal Place of Business:

1875 TULIP LANE
WELLINGTON, FL 33414

Current Mailing Address:

P.O. BOX 367
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-5475397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MENTKOW, JACK
1875 TULIP LANE
WELLINGTON, FL 33414 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MENTKOW, JACK
Address: 1875 TULIP LANE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: MENTKOW, LISA
Address: 1875 TULIP LANE
City-St-Zip: WELLINGTON, FL 33414

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 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: JACK MENTKOW

MGR

05/01/2009

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