

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051421

FILED
Jan 16, 2008
Secretary of State

Entity Name: TRI-STATE CPR ASSOCIATES, LLC

Current Principal Place of Business:

2940 SW WINDSONG CIRCLE, APT 201
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

2940 SW WINDSONG CIRCLE, APT 201
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 26-0140467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTIER, MILDRED G
2940 SW WINDSONG CIRCLE, APT 201
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

GOSS, MILDRED E
2940 SW WINDSONG CIRCLE, APT 201
LAKE CITY, FL 32025 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: MILDRED E. GOSS

01/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORTIER, MILDRED G
Address: 2940 SW WINDSONG CIRCLE, APT 201
City-St-Zip: LAKE CITY, FL 32025

Title: MGRM (X) Delete
Name: CHAUNCEY, RAYMOND L III
Address: 13764 78TH ST
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOSS, MILDRED E
Address: 2940 SW WINDSONG CIRCLE, APT 201
City-St-Zip: LAKE CITY, FL 32025

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: MILDRED E. GOSS

MGR

01/16/2008

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