

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000058565

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** REGIONAL EMERGENCY & MEDICAL TRAINING CENTER, LLC

**Current Principal Place of Business:**

1216 PROSPECT AVE  
SUITE 101  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1216 PROSPECT AVE  
SUITE 101  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 30-0425402      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MILLER & CARUSO LLC  
486 N HARBOR CITY BLVD  
MELBOURNE, FL 32935      US

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

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  
Name: CARMONA, RAFAEL  
Address: 12973 SW 112 STREET, BOX 322  
City-St-Zip: MIAMI, FL 33186

I hereby 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: STACIE DOMINGUEZ      MGR      02/05/2010

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