2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# L07000066999

Entity Name: REGIONAL MEDICAL TRANSPORT, LLC

Current Principal Place of Business:

4041 KIMBERLY CIRCLE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

4041 KIMBERLY CIRCLE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 26-0421572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMMONS, PAMALA B
1331 BALKIN ROAD
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

SIMMONS, PAMELA B
1331 BALKIN ROAD
TALLAHASSEE, FL 32305 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: PAMELA B. SIMMONS 10/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SIMMONS, PAMALA B
Address: 4041 KIMBERLY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SIMMONS, PAMELA B
Address: 4041 KIMBERLY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

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: PAMELA B. SIMMONS MGRM 10/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date