2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# L07000087190

Entity Name: SOUTHLAND EMERGENCY MEDICAL SERVICES OF FLORIDA PL

Current Principal Place of Business:

C/O PAUL D HART MD
1706 15TH ST
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

C/O THE WELCH GROUP LLC
4400 E HIGHWAY 20 STE 304
NICEVILLE, FL 32578

New Mailing Address:

C/O PAUL D HART MD
1706 15TH ST
NICEVILLE, FL 32578

FEI Number: 26-0778816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELCH, STEVEN T
4400 E HIGHWAY 20
STE 304
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

BELL, LINDA M
7004 NW 52 TERRACE
GAINESVILLE, FL 32653 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: LINDA M BELL 02/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HART, PAUL D MD
Address: 1706 15TH ST
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

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: PAUL D. HART MGRM 02/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date