

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087190

FILED
Feb 17, 2009
Secretary of State

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

New Mailing Address:

7004 NW 52 TERRACE
GAINESVILLE, FL 32653 70

FEI Number: 26-0778816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, LINDA M
7004 NW 52 TERRACE
GAINESVILLE, FL 32653 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 () 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: LINDA M. BELL

CFO

02/17/2009

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