

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087190

**FILED**  
**Jan 05, 2012**  
**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:**

C/O PAUL D HART MD  
152 DANA POINTE  
NICEVILLE, FL 32578

**Current Mailing Address:**

7004 NW 52 TERRACE  
GAINESVILLE, FL 32653 70

**New Mailing Address:**

**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:** MGRM  
**Name:** HART, PAUL D MD  
**Address:** 152 DANA POINTE  
**City-St-Zip:** NICEVILLE, FL 32578

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: LINDA M. BELL

CFO

01/05/2012

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