

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013083

FILED
Apr 23, 2009
Secretary of State

Entity Name: DORSAR PATIENT TRANSPORT, LLC

Current Principal Place of Business:

8810 COMMODITY CIR. STE. 9
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8810 COMMODITY CIR. STE. 9
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3715868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE, PAUL
5050 TUSCAN OAK DR.
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

ROWE, PAUL
8810 COMODITY CIRCLE #9
ORLANDO, FL 32839 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: PAUL ROWE

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MI HIJO MORENO TRUST
Address: 5050 TUSCAN OAK DR.
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MI HIJO MORENO TRUST
Address: 8810 COMMODITY CIRCLE #9
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Change (X) Addition
Name: PAUL, ROWE
Address: 8810 COMMODITY CIRCLE #9
City-St-Zip: ORLANDO, FL 32819

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 ROWE

MGRM

04/23/2009

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