

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093485

FILED  
Feb 09, 2011  
Secretary of State

**Entity Name:** EMERGENCY HEALTH SERVICES, LLC

**Current Principal Place of Business:**

2582 GLASBERN CIR.  
WEST MELBOURNE, FL 329048073

**New Principal Place of Business:**

2582 GLASBERN CIR.  
WEST MELBOURNE, FL 329048073 UN

**Current Mailing Address:**

2582 GLASBERN CIR.  
WEST MELBOURNE, FL 329048073

**New Mailing Address:**

2582 GLASBERN CIR.  
WEST MELBOURNE, FL 329048073 UN

**FEI Number:** 26-3437348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAVDA, NARESH M MGR  
2582 GLASBERN CIRCLE  
WEST MELBOURNE, FL 32904 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  
Name: DAVDA, NARESH M  
Address: 2582 GLASBERN CIR.  
City-St-Zip: WEST MELBOURNE, FL 329048073 US

Title: MGR  
Name: DAVDA, LILIANA N  
Address: 2582 GLASBERN CIRCLE  
City-St-Zip: WEST MELBOURNE, FL 32904 UN

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: NARESH M DAVDA

MGR

02/09/2011

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