2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: SPACE COAST MEDICAL TRANSPORT, LLC

Current Principal Place of Business:

490 NORTH WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

490 NORTH WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, RICHARD M
490 NORTH WASHINGTON AVENUE
TITUSVILLE, FL 32796 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: LEVINE, RICHARD M MD
Address: 490 NORTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM
Name: ZIMM, SOLOMON MD
Address: 490 NORTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM
Name: SPRAWLS, RICHARD D MD
Address: 490 NORTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM
Name: CASTRO, JUAN L MD
Address: 490 NORTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM
Name: DALAL, ASHISH V MD
Address: 490 NORTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM
Name: MUWALLA, FIRAS R MD
Address: 490 NORTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

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 Statues.

SIGNATURE: RICHARD M. LEVINE MGRM 02/14/2011

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