2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L09000078890

Entity Name: AC PROVIDER SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

6200 S. SYRACUSE WAY STE 200
GREENWOOD VILLAGE, CO 80111

New Principal Place of Business:

Current Mailing Address:

6200 S. SYRACUSE WAY STE 200
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: FLORIDA EM-1 MEDICAL SERVICES, P.A.
Address: 6200 S. SYRACUSE WAY STE 200
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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: GREGORY J. BYRNE MD DPST 04/28/2011

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