

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078890

FILED
Apr 09, 2012
Secretary of State

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:

6200 S. SYRACUSE WAY
STE 200, MS110
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

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

New Mailing Address:

6200 S. SYRACUSE WAY
STE 200, MS110
GREENWOOD VILLAGE, CO 80111

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, MS110
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 Statutes.

SIGNATURE: GREGORY J. BYRNE MD

AP

04/09/2012

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