

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118559

Entity Name: A/C MEDIC 911, LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8625 EVERGREEN LN  
ST JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

8625 EVERGREEN LN  
ST JAMES CITY, FL 33956

**New Mailing Address:**

FEI Number: 27-1480983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONTRACTORS REPORTING SERVICE INC  
13795 N NEBRASKA AVE  
TAMPA, FL 33613 US

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

BAKER, EUGENE W  
8625 EVERGREEN LN  
ST JAMES CITY, FL 33956 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: EUGENE W BAKER

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BAKER, EUGENE W  
Address: 8625 EVERGREEN LN  
City-St-Zip: ST JAMES CITY, FL 33956 US

Title: MGRM  
Name: BAKER, KAREY  
Address: 8625 EVERGREEN LN  
City-St-Zip: TAMPA, FL 33956 US

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: EUGENE W BAKER

MGRM

04/19/2012

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