

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112689

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** EMERGENCY MEDICAL INSTRUMENTS, L.L.C

**Current Principal Place of Business:**

8805 NW 35 LANE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

8805 NW 35 LANE  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 90-0626708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUEVEDO, ALBERTO  
8805 NW , 35 LANE  
MIAMI,, FL 33172 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: QUEVEDO, ALBERTO  
Address: 8805NW 35TH LANE  
City-St-Zip: MIAMI, FL 33172

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: ALBERTO QUEVEDO

FL

03/19/2011

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