

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122408

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA PATIENT TRANSPORTATION, LLC

**Current Principal Place of Business:**

1600 S FEDERAL HWY  
# 390  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

1600 S FEDERAL HWY  
# 390  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 27-4128531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KERMAN, STEVEN  
9785 CORONADO LAKE DR  
BOYNTON BEACH, FL 33437 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: MGR  
Name: FEDER, DANNY  
Address: 1600 S FEDERAL HWY - # 390  
City-St-Zip: POMPANO BEACH, FL 33062

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: DANNY FEDER

PRES

03/17/2011

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