

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125033

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED AMBULANCE SERVICES, LLC

**Current Principal Place of Business:**

7031 SW 62 AVENUE  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7031 SW 62 AVENUE  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 27-4216355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA & ASSOCIATES PL  
175 SW 7 STREET  
SUITE 1714  
MIAMI, FL 33130 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: LARKIN COMMUNITY HOSPITAL, INC.  
Address: 7031 SW 62 AVENUE  
City-St-Zip: SOUTH MIAMI, FL 33143

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: RENE J. GARCIA JR.

POA

03/08/2011

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