

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000018034

FILED
Apr 30, 2012
Secretary of State

Entity Name: ADVANCED PATIENT TRANSFERS, LLC

Current Principal Place of Business:

4047 S. WATERBRIDGE CIRCLE
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

4047 S. WATERBRIDGE CIRCLE
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAYKOV, IVO
4047 S. WATERBRIDGE CIRCLE
PORT ORANGE, FL 32129 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: TRAYKOV, IVO
Address: 4047 S. WATERBRIDGE CIRCLE
City-St-Zip: PORT ORANGE, FL 32129 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: IVO TRAYKOV

MGR

04/30/2012

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