

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000030518

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** BESTPRACTICES EMERGENCY SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

10306 EATON PLACE, SUITE 180  
FAIRFAX, VA 22030 US

**New Principal Place of Business:**

6200 S SYRACUSE WAY  
STE 200  
GREENWOOD VILLAGE, CO 80111 US

**Current Mailing Address:**

10306 EATON PLACE, SUITE 180  
FAIRFAX, VA 22030 US

**New Mailing Address:**

6200 S SYRACUSE WAY  
STE 200  
GREENWOOD VILLAGE, CO 80111 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32303 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: MAYER, THOM A M.D.  
Address: 6200 S SYRACUSE WAY STE 200  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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: THOM A. MAYER M.D.                      MGRM                      04/10/2012

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