## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 07, 2005 8:00 am Secretary of State

Mailing Address   1000 PABK FORMY PLAZA   1000 PABK	DOCUMENT # M0100000848  1. Entity Name WEST MIAMI EMERGENCY SERVICES, LLC							03-07-200	•	014 ****50	
Suite, Apt. #, etc.	1000 PARK	FORTY PLAZA	1000 PARK FORTY PLAZA			20018787					
City & State  Country  City & State  Country  City & Country  City & State  Science Address of New Registered Agent  To Name and Address of New Registe	2. Principal P	are of Business	3. Mailing Address								
Section   Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.				01252005	Chg-LLC	CR	2E083 (10/03)	
G. Name and Address of Current Registered Agent  G. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named onlify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent.  8. The above named onlify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent.  8. The above named onlify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent.  8. The above named onlify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the risk of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the risk of the purpose of changes of registered agent, or both, in the State of Florida. I am familiar with, and accept the risk of the purpose of changes agent with a purpose of changes agent with a purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the risk of the purpose of changes agent with a purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the risk of the purpose of changes agent with a purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the risk of Florida. I am familiar with, and accept the risk of Florida Department for State of Florida. I am familiar with, and accept the risk of Florida Department for State of Florida. I am familiar with, and accept the risk of Florida Department for the purpose of risk of Florida Department for State of Florida	City & State		City & State							<u> </u>	-
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C T CORPORATION SYSTEM 1200 SOUTH FINE ISLAND ROAD PLANTATION, FL 33324  Street Address (F.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with accept the familiar with, and accept the		6. Name and Address of Current R	legistered Agent	·			7. Name ar	nd Address of Ne	w Register	ed Agent	
SITER LADORSS OTH ST-72P  International South Fine ISLAND ROAD  Street Address (F.O. Box Number is Not Acceptable)  Street Address (F.O. Box Number is Not Acceptable)  City FL  Zip Code  City FL  City FL  City FL  City FL  Zip Code  City FL  City FL  City FL  City FL  Zip Code  City FL  City FL  City FL  City FL  Zip Code  City FL  C	0.7.005-				Name						
B. The above named entity submits this statement for the purpose of changing its registered afficial or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature from the purpose of change is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature from the purpose of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the	1200 SOU	TH PINE ISLAND ROAD			Street A	Address (F	P.O. Box Num	ber is Not Accept	able)		
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The obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if expectable.  (INDTE. Registered Agent segments required whon nonstating)  DATE  Priling Foo is \$50.00 Due by May 1, 2005  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  IIILE MARE SIRET ADDRESS CITY-ST-2P  DURHAM, NC 27706  IIILE MARE SIRET ADDRESS CITY-ST-2P  IIILE SIRET ADDRESS CI		;			1				_	⁻┗ │ ˙	
Synature, typied or privated rature of registered agent and title if applicable   (NOTE, Repairated Agent signature required when remaistancy)   DATE	8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office o	r registere	ed agent, or b	oth, in the State o	f Florida. T	am familiar with,	and accept
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