

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90013 009 ****50.00

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1. Entity Name
PARAMEDICS PLUS, L.L.C.



Principal Place of Business
1000 SOUTH BECKHAM
TYLER, TX 75701

Mailing Address
1000 SOUTH BECKHAM
TYLER, TX 75701

60054342



07112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2783123

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ELLIS, ELMER G
STREET ADDRESS	1000 SOUTH BECKHAM
CITY-ST-ZIP	TYLER, TX 75701
TITLE	MGRM
NAME	HALE, BYRON
STREET ADDRESS	1000 SOUTH BECKHAM
CITY-ST-ZIP	TYLER, TX 75701
TITLE	MGRM
NAME	MYERS, ANTHONY J
STREET ADDRESS	1000 SOUTH BECKHAM
CITY-ST-ZIP	TYLER, TX 75701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Byron Hale

7/11/07 903 596 3719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #