


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000001558 1. Entity Name PARAMEDICS PLUS, L.L.C.	
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Principal Place of Business 1000 SOUTH BECKHAM TYLER, TX 75701	Mailing Address 1000 SOUTH BECKHAM TYLER, TX 75701
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DO NOT WRITE IN THIS SPACE

FILED
Aug 27, 2008 08:00 AM
Secretary of State



08212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 75-2783123	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE 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.

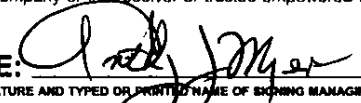
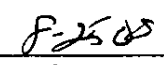
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIS, ELMER G 1000 SOUTH BECKHAM TYLER, TX 75701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALE, BYRON 1000 SOUTH BECKHAM TYLER, TX 75701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, ANTHONY J 1000 SOUTH BECKHAM TYLER, TX 75701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000958444 08/27/08-80002-018 538.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: 	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>