COMPLETED

FILED
Feb 14, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000000737

1. Entity Name
LEGATUS EMERGENCY SERVICES, L.L.C.

Principal Place of Business
16091 SWINGLEY RIDGE ROAD, SUITE 100
CHESTERFIELD, MO 63017

Mailing Address
16091 SWINGLEY RIDGE ROAD, SUITE 100
CHESTERFIELD, MO 63017

DO NOT WRITE IN THIS SPACE

01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number
43-1847400
☐ 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

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

Filing Fee is $50.00
Due by May 1, 2005

U00000229623
02/15/05-80005-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARRON, PATRICK D
STREET ADDRESS	16091 SWINGLEY RIDGE, STE. 100
CITY-ST-ZIP	CHESTERFIELD, MO 63017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: Patrick D Barron PATRICK D BARRON 2/8/05 636-728-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #