

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733862 (7)
1. Corporation Name
EMERGENCY MEDICAL ASSISTANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
58 FEB - 9 11:21 14

Principal Place of Business Mailing Address
219 NORTH DIXIE HIGHWAY LAKE WORTH, FLORIDA 219 NORTH DIXIE HIGHWAY LAKE WORTH, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1975	3a. Date of Last Report 02/04/1994
4. FEI Number 51-0198610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Box 2228 West Palm Bch 27 Suite, Apt. #, etc. City & State 28 West Palm Beach FL 29 Zip 33402 30 Country Palm Beach
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9. Name and Address of Current Registered Agent
ALTMAN, ZELL H.
219 NORTH DIXIE HIGHWAY
LAKE WORTH FL

10. Name and Address of New Registered Agent
81 Name **RENAN RIEUR**
82 Street Address (P.O. Box Number is Not Acceptable)
44 Coconut Row
83 **Palm Beach, FL, 33460**
84 City **Palm Beach, FL** 85 Zip Code **33460**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **RENAN RIEUR** *Renan Rieur* DATE **Jan 24, 1995**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLASNER, HARRIETTE S 3800 WASHINGTON RD W PALM BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALTMAN, ZELL H. 219 NORTH DIXIE HWY. LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NEWHAM, BETTY G 300 GOLFVIEW RD N PALM BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ARGOW, WALDEMAR 224 COUNTRY CLUB DR. TEQUESTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	President / T RENAN RIEUR 44 Coconut Row Palm Beach, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Treasurer - ELNA LAUN Box 17313 West Palm Beach, FL 33416 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	T Secretary Ellyn Stevenson 19 No. River Road Stuart, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Vice President / T CINDY RYBOVICH 721 North N Street Lake Worth, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Note: All Names are first name first.
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RENAN RIEUR** *Renan Rieur* DATE **Jan 24, 1995** 407-655-1929