

8-18-97 B 8196 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 18 1997 8:00am
Secretary of State

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

Principal Place of Business Mailing Address
BOX 2228 WEST PALM BEACH BOX 2228 WEST PALM BEACH
WEST PALM BEACH FL 33402 1 WEST PALM BEACH FL 33402
JS US

2. Principal Place of Business 2a. Mailing Address
1 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
4 25 29 30

9. Name and Address of Current Registered Agent
RENAN, RIEUR
44 COCOANUT ROW
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 09/18/1975 3a. Date of Last Report 04/05/1996
4. FEI Number 51-0198610 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	DELETE		1.1 TITLE	Change	Addition	
NAME	RIEUR, RENAN			1.2 NAME			
STREET ADDRESS	44 COCOANUT ROW			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			1.4 CITY-ST-ZIP	Zip 33480		
TITLE	T	DELETE		2.1 TITLE	Change	Addition	
NAME	LAUN, ELNA			2.2 NAME	No Other Address		
STREET ADDRESS	BOX 17313			2.3 STREET ADDRESS	Zip - 33416		
CITY-ST-ZIP	WEST PALM BEACH FL			2.4 CITY-ST-ZIP			
TITLE	TS	DELETE		3.1 TITLE	Change	Addition	
NAME	STEVENSON, ELLYN			3.2 NAME			
STREET ADDRESS	19 N. RIVER ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			3.4 CITY-ST-ZIP	Zip - 34996		
TITLE	VPT	DELETE		4.1 TITLE	Change	Addition	
NAME	RYBOVICH, CINDY			4.2 NAME			
STREET ADDRESS	721 NORTH N. STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-ST-ZIP	Zip - 33460		
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

1. I do 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 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 SIGNATURE REQUIRED R. R. 8/18/97 (EX) K. B. R.

CP2E037 (4/97)