PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ELORIDA DEPARTMENT DE STATE

	FOR ISTATEM				Sandra I Secreta	3. Moi	State		FILED		
DOCUMENT # 733862 1. Corporation Name								98 NOV 20 AM 11: 28			
EMERGENCY MEDICAL ASSISTANCE, INC.								SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business BOX 2228 WEST PALM BEACH WEST PALM BEACH FL 33402 US If above addresses are incorrect in any way, line through incorrect information and enter correction below.								INSTATEMENT 98			
New Principal Office Address, If Applicable 3. New Mail					ing Office Address, If Applicable 4. Date I			Date Incorp To Do Busir	orporated or Qualified usiness in Florida		
Suite, Apt. #, etc. Suite, Apt. #								09/18/1975 5. FEI Number Applied For			
City & State City & State					700.				51-0198610 Not Applicable		
Zip (Country				Zip Country			у	6. CERTIFICATE	RTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addres			or Director (Flo	rida nonprofi		itions must list at lea				
Title(s)	2	of Officers Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)				City / State / Zip			
PT	RIEUR, RENAN				DATE BOOKING HOW			T. IOB	<u> </u>	3407 Beach FL	
T	LAUN, ELNA				BOX 17313				WEST PALM BEACH FL		
TS	STEVENSON,			19 N. RIVER ROAD				STUART FL			
VPT	RYBOVICH, CINDY				721 NORTH N. STREET				LAKE WORTH FL		
								70	7000026996176. -12/01/98-01089-014 ****236.25 ****236.25.		
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent			
RENAN, RIEUR 14 COCOANUT ROW PALM BEACH FL 33480 City City								APT # 10B State Zip Code			
10. I, being Signature o Registered	of	istered as	ent of the abov	e named corpo	ration, am fa	miliar wit	h and accept the ob	ligations of Section	Beach FL 3 on 607.0505, F.S.	3407 78	
	is corporat angible Pe						Yes 🗹	No 🗆	(See other side for inf on intangible ta		
this rein owed by	statement applicat y the corporation h	ion, the re ave been	ason for dissolution paid and the na	ution has been a mes of individu	eliminated, tl ials listed on	ne corpor this form	rate name satisfies t	he requirements in exemption und	oter 607 or 617, F.S. I further certify to of section 607.0401 or 617.0401, F.S. er section 119.07(3)(i), F.S. The info	i, that all fees	

SIGNATURE: