

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733862

1. Entity Name

EMERGENCY MEDICAL ASSISTANCE, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State
 01-24-2000 90065 034 ****61.25

Principal Place of Business PO BOX 2228 WEST PALM BEACH FL 33402 US	Mailing Address PO BOX 2228 WEST PALM BEACH FL 33402-2228 US
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0198610		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENAN, RIEUR 1617 FLAGLER DR APT 10-B WEST PALM BEACH FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 Lakeshore Drive APT 1054 City North Palm Beach, FL FL Zip Code 33408	

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.

SIGNATURE Renan Rieur 1/17/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RIEUR, RENAN 1617 NO. FLAGLER DRIVE, 10-B PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. Renan Rieur Renan 100 Lakeshore Drive North Palm Beach, FL. APT. 1054 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAUN, ELNA BOX 17313 WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STEVENSON, ELLYN 19 N. RIVER ROAD STUART FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RYBOVICH, CINDY 721 NORTH N. STREET LAKE WORTH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pres, 11/17/00 (561) 776-4014
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)