

# 2002 UNIFORM BUSINESS REPORT (UBR)

8/2

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90067 018 \*\*\*\*61.25

**DOCUMENT # 733862**

1. Entity Name

**EMERGENCY MEDICAL ASSISTANCE, INC.**

Principal Place of Business

Mailing Address

PO BOX 2228  
 WEST PALM BEACH FL 33402  
 US

PO BOX 2228  
 WEST PALM BEACH FL 33402  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0198610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENAN, RIEUR  
 100 LAKESHORE DRIVE  
 APT 1054  
 NORTH PALM BEACH FL 33408

Name **Jeannette Deschesnes**

Street Address (P.O. Box Number is Not Acceptable)

419 32nd St

City **West Palm Beach FL**

Zip Code **33407**

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

*Jeannette Deschesnes*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE \$ **\$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$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 **PT** ☒ Delete  
 NAME **RIEUR, RENAN**  
 STREET ADDRESS **100 LAKESHORE DRIVE APT 1054**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Mildred George**  
 STREET ADDRESS **86 McFarlane Drive**  
 CITY-ST-ZIP **Delray Beach, Florida 33483**

TITLE **T** ☒ Delete  
 NAME **LAUN, ELNA**  
 STREET ADDRESS **BOX 17313**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Marcia Halpern**  
 STREET ADDRESS **142 Lost Bridge Drive**  
 CITY-ST-ZIP **Palm Beach Gardens, Fla 33410**

TITLE **TS** ☒ Delete  
 NAME **STEVENSON, ELLYN**  
 STREET ADDRESS **19 N. RIVER ROAD**  
 CITY-ST-ZIP **STUART FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Secretary JoAnne Wirtz-Ryan**  
 STREET ADDRESS **624 Cypress Green Circle**  
 CITY-ST-ZIP **Wellington, Florida 33414**

TITLE **VPT** ☐ Delete  
 NAME **RYBOVICH, CINDY**  
 STREET ADDRESS **721 NORTH N. STREET**  
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Vice President Cindy Rybovich**  
 STREET ADDRESS **226 34th St.**  
 CITY-ST-ZIP **West Palm Beach, Florida 33407**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Jeannette Deschesnes*  
**Jeannette Deschesnes**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 (51)76-4014  
 Date Daytime Phone #

CP2E037 (9/01)