

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

**DOCUMENT # K54984 (5)**

1. Corporation Name  
**EMSA JOLIET, INC.**

95 APR -4 AM 10: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1200 S. PINE ISLAND ROAD 1200 S. PINE ISLAND ROAD**  
**600 600**  
**FT. LAUDERDALE FL 33324 FT. LAUDERDALE FL 33324**  
**US US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
**PLANTATION, FLORIDA PLANTATION, FLORIDA**  
23 28  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**12/30/1988 03/24/1994**  
4. FEI Number Applied For  
**65-0086608** Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDEISS, J. CLIFFORD	1.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD S600	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE	VAS	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANFORD, MARY ANN	2.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD S600	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEARY, GEORGE W. (JR.)	3.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD S600	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, A.J.	4.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD S600	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	KILARU, RAO H.
STREET ADDRESS		5.3 STREET ADDRESS	1200 S. PINE ISLAND RD, SUITE 600
CITY - ST - ZIP		5.4 CITY - ST - ZIP	PLANTATION, FLORIDA 33324
TITLE		6.1 TITLE	S T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CREED, JERE D.
STREET ADDRESS		6.3 STREET ADDRESS	1200 S. PINE ISLAND RD, SUITE 600
CITY - ST - ZIP		6.4 CITY - ST - ZIP	PLANTATION, FLORIDA 33324

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Ann Blanford* 1/27/95 (305)475-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR DATE DAYPHONE NUMBER

MARY ANN BLANFORD