

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # K54984 (5)
1. Corporation Name
EMSA JOLIET, INC.



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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 **Suite 600** 27 **Suite 600**
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **12/30/1988** 3a. Date of Last Report **04/04/1995**
4. FEI Number **65-0086608** Applied For Not Applicable
5. Certificate of Status Desired **XX** **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 **1200 S. Pine Island Road**
83 **Suite 250**
84 City 85 Zip Code **FL**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)

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

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 119.07(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 **Mary Ann Blanford 3/22/96 (954) 475-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing #

CR2E034 (12/95)