

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K54984 (5)

1. Corporation Name
EMSA JOLIET, INC.



Principal Place of Business 1200 S. PINE ISLAND ROAD SUITE 600 PLANTATION FL 33324 US	Mailing Address 1200 S. PINE ISLAND ROAD SUITE 600 PLANTATION FL 33324-4480 US
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3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 04/08/1996
4. FEI Number 65-0086608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
SUITE 250
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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FINDEISS, J. CLIFFORD	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCLEARY, GEORGE W. (JR.)	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REED, A.J.	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KILARU, RAO H.	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, STE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CREED, JERE D.	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, STE 600	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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** 2/13/97 (954) 475-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)