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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200002599982--0



PROFIT CORPORATION ANNUAL REPORT 1998

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

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1988

2. Principal Place of Business

21 Suite, Apt. #, etc.
22
23 City & State
24 Zip Country

2a. Mailing Address

26 3000 Galleria Tower
27 Suite 1000
28 Birmingham, AL
29 35244 30

4. FEI Number
65-0086608 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Nays Street
83
84 City Tallahassee FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0402 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: *Wren B. Khan* DATE: 7/27/98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FINDEISS, J. CLIFFORD	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCCLEARY, GEORGE W. (JR.)	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REED, A.J.	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KILARU, RAO H.	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, STE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	<input checked="" 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	D/V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James H. Dickerson, Jr.	
1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
1.4 CITY-ST-ZIP	Birmingham, AL 35244	
2.1 TITLE	D/V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tracy P. Thrasher	
2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
2.4 CITY-ST-ZIP	Birmingham, AL 35244	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	H. Lynn Massingale, M.O.	
3.3 STREET ADDRESS	1900 Winston Road, Suite 300	
3.4 CITY-ST-ZIP	Knoxville, TN 37919	
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		

SL 7-27-98

14. 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 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: *Tracy P. Thrasher* DATE: 7/27/98

CR2E034 (10/97)



ACCOUNT NO. : 072100000032
 REFERENCE : 903532 4390339
 AUTHORIZATION : *Patricia Piquito*
 COST LIMIT : \$ 550.00

ORDER DATE : July 24, 1998
 ORDER TIME : 2:35 PM
 ORDER NO. : 903532
 CUSTOMER NO: 4390339
 CUSTOMER: Ms. Becky Taber
 Medpartners, Inc.
 3000 Riverchase
 Galleria Tower / Ste. 1000
 Birmingham, AL 35244

CHANGE OF AGENT

NAME: EMSA JOLIET, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
 XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Janice Vanderslice

99 JUL 27 PM 4:08
 DIRECTOR OF COMMERCE