

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # K91187 (0)
1. Corporation Name
EMSA LOUISIANA, INC.



Principal Place of Business 1200 S. PINE ISLAND ROAD 600 PLANTATION FL 33324 US		Mailing Address 1200 S. PINE ISLAND ROAD 600 PLANTATION FL 33324 US		3. Date Incorporated or Qualified 05/25/1989	3a. Date of Last Report 04/18/1995
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0125286		Applied For Not Applicable	
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600	5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
City & State 22	City & State 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 23	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip 24	Country 29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	1200 S. Pine Island Road
				83.	Suite 250
				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 _____ Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	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., SUITE 600	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREED, JERE D.	2.2 NAME	
STREET ADDRESS	1200 S. PINE ISLAND RD., STE. 600	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, VICTOR	3.2 NAME	
STREET ADDRESS	1200 S. PINE ISLAND RD., STE. 600	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	3.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEARY, GEORGE	4.2 NAME	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANFORD, MARY ANN	5.2 NAME	
STREET ADDRESS	1200 S. PINE ISLAND RD., STE 600	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARLEN, NEESA K	6.2 NAME	
STREET ADDRESS	1200 S. PINE ISLAND RD SUITE 600	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	6.4 CITY - ST - 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** 3/20/96 (954)475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)