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1

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAY -1 PM 4: 01

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 3000 Galleria Tower Suite, Apt. #, etc. 27 Suite 1000 City & State: 28 Birmingham, AL Zip: 29 35244 Country: 30 USA

3. Date Incorporated or Qualified: 05/25/1989
4. FEI Number: 65-0125286 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: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 000002507840--3 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 reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: DP, NAME: FINDEISS, J. CLIFFORD, STREET ADDRESS: 1200 S. PINE ISLAND RD., SUITE 600, CITY-ST-ZIP: PLANTATION FL, DELETE: [X]
TITLE: DV, NAME: CREED, JERE D., STREET ADDRESS: 1200 S. PINE ISLAND RD., STE. 600, CITY-ST-ZIP: PLANTATION FL, DELETE: [X]
TITLE: V, NAME: WEINSTEIN, VICTOR, STREET ADDRESS: 1200 S. PINE ISLAND RD., STE. 600, CITY-ST-ZIP: PLANTATION FL, DELETE: [X]
TITLE: VS, NAME: MCCLEARY, GEORGE, STREET ADDRESS: 1200 S. PINE ISLAND RD., SUITE 600, CITY-ST-ZIP: PLANTATION FL, DELETE: [X]
TITLE: VT, NAME: BLANFORD, MARY ANN, STREET ADDRESS: 1200 S. PINE ISLAND RD., STE 600, CITY-ST-ZIP: PLANTATION FL, DELETE: [X]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: D/CEO, 1.2 NAME: E. Mac Crawford, 1.3 STREET ADDRESS: 3000 Galleria Tower, Suite 1000, 1.4 CITY-ST-ZIP: Birmingham, AL 35244, Change: [], Addition: [X]
2.1 TITLE: V/T/D, 2.2 NAME: Harold O. Knight, Jr., 2.3 STREET ADDRESS: 3000 Galleria Tower, Suite 1000, 2.4 CITY-ST-ZIP: Birmingham, AL 35244, Change: [], Addition: [X]
3.1 TITLE: V/S/D, 3.2 NAME: Tracy P. Thrasher, 3.3 STREET ADDRESS: 3000 Galleria Tower, Suite 1000, 3.4 CITY-ST-ZIP: Birmingham, AL 35244, Change: [], Addition: [X]
4.1 TITLE: P, 4.2 NAME: H. Lynn Massingale, MD, 4.3 STREET ADDRESS: 1900 Winston Rd, Suite 300, 4.4 CITY-ST-ZIP: Knoxville, TN 37919, Change: [], Addition: [X]
5.1 TITLE: [], 5.2 NAME: [], 5.3 STREET ADDRESS: [], 5.4 CITY-ST-ZIP: [], Change: [], Addition: []
6.1 TITLE: [], 6.2 NAME: [], 6.3 STREET ADDRESS: [], 6.4 CITY-ST-ZIP: [], Change: [], Addition: []

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 in an attachment with an address.

SIGNATURE: Tracy P. Thrasher, 3-30-98, 25-782-8996

CR2E034 (10/97)



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ACCOUNT NO. : 072100000032
 REFERENCE : 802968 4390339
 AUTHORIZATION : *Patricia Pizuth*
 COST LIMIT : \$ 150.00

ORDER DATE : April 30, 1998
 ORDER TIME : 9:16 AM
 ORDER NO. : 802968-015
 CUSTOMER NO: 4390339
 CUSTOMER: Ms. Becky Taber
 Medpartners, Inc.
 3000 Riverchase
 Galleria Tower / Ste. 1000
 Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMSA LOUISIANA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____

RECEIVED
 98 MAY - 1 AM 11:22
 DIVISION OF CORPORATION