

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 JAN 25 PM 3: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K91187**  
1. Corporation Name  
**EMSA LOUISIANA, INC.**



Principal Place of Business: 1200 S. PINE ISLAND ROAD, SUITE 600, PLANTATION FL 33324 US  
Mailing Address: 3000 GALLERIA TOWER, STE 1000, BIRMINGHAM AL 35244

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 1200 S. PINE ISLAND ROAD Suite, Apt. #, etc. 27 SUITE 600 City & State: 28 PLANTATION, FL Zip: 29 33324 Country: 30

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 the current year Intangible Personal Property Tax. 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, 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	CEOD	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, MAC E	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, HAROLD O JR	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	THRASHER, TRACY P	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MASSINGALE, LYNN H MD	
STREET ADDRESS	1900 WINSTON RD., STE 300	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES H. DICKERSON, JR	
2.3 STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000	
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35244	
3.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SARA I. FINLEY	
3.3 STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000	
3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35244	
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		

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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, with all other like empowered.

SIGNATURE: JAMES H. DICKERSON, JR. 1/22/99 205/733-8996

CR2E034 (1/1/98)



②

ACCOUNT NO. : 072100000032

REFERENCE : 110478 4390339

AUTHORIZATION : Patricia Pizzuti

COST LIMIT : \$ 150.00

ORDER DATE : January 25, 1999

ORDER TIME : 1:39 PM

ORDER NO. : 110478-065

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 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: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED  
99 JAN 25 PM 2:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA