

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 OCT -5 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20124
Corporation Name
Louisiana Emergency Medical Consultants, Inc.

Principal Place of Business
1200 S. Pine Island Road
Suite 600
Ft. Lauderdale, FL 33324

Mailing Address
1200 S. PINE ISLAND RD.
SUITE 600
FT. LAUDERDALE, FL
33324

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
26	27	65-0232505	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
27	28	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
28	29	<input type="checkbox"/>	
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes - <input type="checkbox"/> No
25	29		

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
85	Zip Code

1. 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 _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PRES, TREASURER, SECRETARY MICHAEL D. KOTLER, M.D. 279 CITRUS RD. RIVER RIDGE, LA	1.1 TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	H. Lynn Massingale, MD
CITY-STATE-ZIP		1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000
PHONE	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	Birmingham AL 35244
STREET ADDRESS		2.1 TITLE	Div. VP, Treas Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	James H. Dickerson, Jr
PHONE		2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000
STREET ADDRESS		2.4 CITY-STATE-ZIP	Birmingham AL 35244
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	Div. V.P. Sec Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		3.2 NAME	Sara J. Finley
STREET ADDRESS		3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	Birmingham AL 35244
PHONE		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
PHONE		4.4 CITY-STATE-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
PHONE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	
PHONE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 summary 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 11 or Block 13 if changed or on an attachment with an address.

DIRECTOR

CR2E034 (10/97)