

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

1

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

99 JAN 25 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # S20429**  
 1. Corporation Name  
**LOUISIANA EMERGENCY MEDICAL CONSULTANTS, INC.**

Principal Place of Business 1200 S. PINE ISLAND ROAD SUITE 600 FT. LAUDERDALE FL 33324 US	Mailing Address 1200 S. PINE ISLAND ROAD SUITE 600 FT. LAUDERDALE FL 33324 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>1200 S. PINE ISLAND ROAD</u> Suite, Apt. #, etc. 22 <u>SUITE 600</u> City & State 23 <u>PLANTATION, FL</u> Zip Country 24 <u>33324</u> 25	2a. Mailing Address 26 <u>1200 S. PINE ISLAND ROAD</u> Suite, Apt. #, etc. 27 <u>SUITE 600</u> City & State 28 <u>PLANTATION, FL</u> Zip Country 29 <u>33324</u> 30
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3. Date Incorporated or Qualified <b>12/20/1990</b>	4. FEI Number <b>65-0232505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MASSINGALE, H. LYNN M.D.</b>
STREET ADDRESS	<b>3000 GALLERIA TOWER, SUITE 1000</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL 35244</b>
TITLE	<b>DVPT</b> <input type="checkbox"/> DELETE
NAME	<b>DICKERSON, JAMES H JR.</b>
STREET ADDRESS	<b>3000 GALLERIA TOWER, SUITE 1000</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL 35244</b>
TITLE	<b>DVPS</b> <input type="checkbox"/> DELETE
NAME	<b>FINLEY, SARA J</b>
STREET ADDRESS	<b>3000 GALLERIA TOWER, SUITE 1000</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL 35244</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

**400002753654--5**

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:  **REQUIRED** JAMES H. DICKERSON, JR. 1/20/99 (205) 733-8996

030455

CR2E034 (11/98)

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ACCOUNT NO. : 072100000032  
REFERENCE : 110478 4390339  
AUTHORIZATION : Patricia Pizut  
COST LIMIT : \$ 150.00

ORDER DATE : January 25, 1999  
ORDER TIME : 11:32 AM  
ORDER NO. : 110478-015  
CUSTOMER NO: 4390339  
CUSTOMER: Ms. Tina Nelson  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: LOUISIANA EMERGENCY MEDICAL  
CONSULTANTS, INC.

RECEIVED  
99 JAN 25 PM 1:03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_