

2000 UNIFORM BUSINESS REPORT (UBR)

001844

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

FILED

00 APR 26 PM 12:52

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
~~1200 S. PINE ISLAND ROAD~~ ~~1200 S. PINE ISLAND ROAD~~
~~SUITE 600~~ ~~SUITE 600~~
~~FT. LAUDERDALE FL 33324~~ ~~FT. LAUDERDALE FL 33324-4485~~
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **14050 NW 14th St**
 Suite, Apt. #, etc. **Suite 190**
 City & State
 Zip **33323** Country

3. Mailing Address **14050 NW 14th St.**
 Suite, Apt. #, etc. **Suite 190**
 City & State
 Zip **33323** Country

4. FEI Number **65-0232505** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
SUITE 250
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **Corporation Service Company**
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 City **Tallahassee, FL** Zip Code **32301**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Lana R. P...* DATE 4-26-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MASSINGALE, H. LYNN M.D. 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPT DICKERSON, JAMES H JR. 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS FINLEY, SARA J 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S/T/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL KOTLER 14050 NW 14th Street, Suite 190 FT. LAUDERDALE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700003241757--0 -05/08/00--01011--011 ****150.00 ****150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MICHAEL KOTLER* Date April 19, 2000 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)