

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 JUL 27 PM 5:07

DOCUMENT # V28674 (2)
1. Corporation Name
EMSA GULF COAST, INC.

SECRET OF FLORIDA
TALLAHASSEE, FLORIDA
700002599987--4



Principal Place of Business
**1200 S. PINE ISLAND RD.
SUITE 600
PLANTATION FL 33324
US**

Mailing Address
**1200 S. PINE ISLAND RD.
SUITE 600
PLANTATION FL 33324
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1992

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0330404		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD SUITE 250 PLANTATION FL 33324				81 Name Corporation Service Company			
				82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
				83			
				84 City Tallahassee			
				FL		85 Zip Code 32301	

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 board of directors. I hereby accept the appointment as registered agent. I am familiar with the respective obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Aren B. Rizer* **Aren B. Rizer, Asst. Sec.**
Corporation Service Company **7/27/98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/V/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MCCLEARY, GEORGE W. JR.		1.2 NAME	James H. Dickerson, Jr.			
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600		1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000			
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	Birmingham, AL 35244			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SLEVINSKI, RICHARD		2.2 NAME	Tracy P. Thrasher			
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600		2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000			
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	Birmingham, AL 35244			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FINDEISS, J CLIFFORD		3.2 NAME	H. Lynn Massingale, MD			
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600		3.3 STREET ADDRESS	1900 Winston Road, Suite 300			
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP	Knoxville, TN 37919			
TITLE	ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CREED, JERE		4.2 NAME				
STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 600		4.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP				
TITLE	AS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BLANFORD, MARY ANN		5.2 NAME				
STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 500		5.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE: *Tracy P. Thrasher* **Tracy P. Thrasher**
VPA Secretary **7/27/98** **205-733-8996**

CR2E034 (10/97)

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ACCOUNT NO. : 072100000032
REFERENCE : 903532 4390339
AUTHORIZATION : *Patricia Pizeto*
COST LIMIT : \$ 550.00

ORDER DATE : July 24, 1998
ORDER TIME : 2:31 PM
ORDER NO. : 903532
CUSTOMER NO: 4390339
CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

CHANGE OF AGENT

NAME: EMSA GULF COAST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Janice Vanderslice

93 JUL 27 PM 4: 03
DIVISION OF COMMUNICATION