

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

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052231

PROFIT CORPORATION ANNUAL REPORT 1999

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



**FILED**

99 JAN 25 AM 8:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # **V28674**  
 1. Corporation Name  
**EMSA GULF COAST, INC.**

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

Mailing Address: 3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 1200 S. PINE ISLAND ROAD  
 27 SUITE 600  
 28 PLANTATION, FL  
 29 33324 30

3. Date Incorporated or Qualified  
**04/15/1992**

4. FEI Number  
**65-0330404**

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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	DICKERSON, JAMES H JR	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	THRASHER, TRACY P	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MASSINGALE, H. LYNN	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
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	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SARA J. FINLEY
2.3 STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35244
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	

**100002753761--1**

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: **REQUIRES H. DICKERSON, JR. 1/22/99 205/933-8996**

DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (1/98)

2



ACCOUNT NO. : 072100000032

REFERENCE : 110478 4390339

AUTHORIZATION : Patricia Kyzut

COST LIMIT : \$ 150.00

ORDER DATE : January 25, 1999

ORDER TIME : 12:03 PM

ORDER NO. : 110478-050

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMSA GULF COAST, 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

DIVISION OF CORPORATION EXAMINER'S INITIALS: \_\_\_\_\_

99 JAN 25 PM 1:40

RECEIVED