

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 733862 (7)
1. Corporation Name
EMERGENCY MEDICAL ASSISTANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
58 FEB - 9 11:21 14

Principal Place of Business Mailing Address
219 NORTH DIXIE HIGHWAY LAKE WORTH, FLORIDA 219 NORTH DIXIE HIGHWAY LAKE WORTH, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1975 3a. Date of Last Report 02/04/1994
4. FEI Number 51-0198610 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Same 26 Box 2228 West Palm Bch
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 West Palm Beach FL
24 Zip 25 Country 28 33402 29 30 Palm Beach

9. Name and Address of Current Registered Agent
ALTMAN, ZELL H.
219 NORTH DIXIE HIGHWAY
LAKE WORTH FL

10. Name and Address of New Registered Agent
81 Name RENAN RIEUR
82 Street Address (P.O. Box Number is Not Acceptable) 44 Coconut Row
83 Palm Beach, FL, 33460
84 City Palm Beach, FL 85 Zip Code 33460

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 RENAN RIEUR Renan Rieur Jan 24, 1995
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLASNER, HARRIETTE S
STREET ADDRESS	3800 WASHINGTON RD
CITY - ST - ZIP	W PALM BCH FL
TITLE	TD
NAME	ALTMAN, ZELL H.
STREET ADDRESS	219 NORTH DIXIE HWY.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	SD
NAME	NEWHAM, BETTY G
STREET ADDRESS	300 GOLFVIEW RD
CITY - ST - ZIP	N PALM BCH FL
TITLE	VPD
NAME	ARGOW, WALDEMAR
STREET ADDRESS	224 COUNTRY CLUB DR.
CITY - ST - ZIP	TEQUESTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RENAN RIEUR	
1.3 STREET ADDRESS	44 Coconut Row	
1.4 CITY - ST - ZIP	Palm Beach, FL, 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Treasurer - ELNA LAUN	
2.2 NAME	Box 17313	
2.3 STREET ADDRESS	West Palm Beach, FL, 33416	
2.4 CITY - ST - ZIP		
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ellyn Stevenson	
3.3 STREET ADDRESS	19 No. River Road	
3.4 CITY - ST - ZIP	Stuart, FL, 34996	
4.1 TITLE	Vice President/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CINDY RYBOVICH	
4.3 STREET ADDRESS	721 North N Street	
4.4 CITY - ST - ZIP	Lake Worth, FL, 33460	
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		

Note: All Names are first name first.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RENAN RIEUR Renan Rieur Jan 24, 1995 407-655-1929
Signature and typed or printed name of signing officer or director. (Date) (Typed Name #)