

8-18-97 B 8196 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address  
BOX 2228 WEST PALM BEACH WEST PALM BEACH FL 33402 JS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1975  
3a. Date of Last Report 04/05/1996  
4. FEI Number 51-0198610  
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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
RENAN, RIEUR  
44 COCOANUT ROW  
PALM BEACH FL 33480

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Rows include PT RIEUR, RENAN; T LAUN, ELNA; TS STEVENSON, ELLYN; VPT RYBOVICH, CINDY.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and a Change/Addition checkbox. Includes handwritten entries: Zip 33480, No other address zip-33416, zip-34996, zip-33460.

12. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

CP2E037 (4/97)