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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 733862

1. Corporation Name

EMERGENCY MEDICAL ASSISTANCE, INC.

Principal Place of Business

PO BOX 2228
 WEST PALM BEACH FL 33402
 US

Mailing Address

PO BOX 2228
 WEST PALM BEACH FL 33402
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

09/18/1975

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

9. Name and Address of Current Registered Agent

RENAN, RIEUR
 1617 FLAGLER DR
 APT 10-B
 WEST PALM BEACH FL 33407

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEUR, RENAN	1.2 NAME	
STREET ADDRESS	1617 NO. FLAGLER DRIVE, 10-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33407	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUN, ELNA	2.2 NAME	
STREET ADDRESS	BOX 17313	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, ELLYN	3.2 NAME	
STREET ADDRESS	19 N. RIVER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYBOVICH, CINDY	4.2 NAME	
STREET ADDRESS	721 NORTH N. STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Renan Rieur **SIGNATURE REQUIRED** 4/29/99 (561)655-1929

CR2E037 (11/98)