

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90037 020 ****61.25

DOCUMENT # 733862

1. Entity 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

Suite, Apt. #, etc.

Above

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0198610

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENAN, RIEUR
100 LAKESHORE DRIVE
APT 1054
NORTH PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Renan Rieur

No New Agent

1/11/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RIEUR, RENAN 100 LAKESHORE DRIVE APT 1054 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAUN, ELNA BOX 17313 WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STEVENSON, ELLYN 19 N. RIVER ROAD STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RYBOVICH, CINDY 721 NORTH N. STREET LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *RENAN RIEUR* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01 *(561) 776-4014*
 Date Daytime Phone #

CR2E037 (10/00)