


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90019 027 \*\*\*\*61.25

<b>DOCUMENT # 733862</b>	
1. Entity Name <b>EMERGENCY MEDICAL ASSISTANCE, INC.</b>	

Principal Place of Business <del>PO BOX 2228</del> <del>WEST PALM BEACH FL 33402</del> US	Mailing Address <del>PO BOX 2228</del> <del>WEST PALM BEACH FL 33402</del> US
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2. Principal Place of Business <b>PO Box 33552</b> Suite, Apt. #, etc. <b>Palm Beach Gardens FL</b> City & State	3. Mailing Address <b>PO Box 33552</b> Suite, Apt. #, etc. <b>Palm Beach Gardens FL</b> City & State
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MOORE CR2E037 (11/03)

Zip <b>33420</b>	Country <b>USA</b>	Zip <b>33420</b>	Country <b>USA</b>
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4. FEI Number <b>51-0198610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DESCHESNES, JEANNETTE**  
**419 32ND ST**  
**WEST PALM BEACH FL 33407**

**7. Name and Address of New Registered Agent**

Name: **MARCIA HALPERN**  
Street Address (P.O. Box Number is Not Acceptable):  
**142 LOST BRIDGE DR**  
City: **PALM BEACH GARDENS FL** Zip Code: **33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Marcia Halpern* Treasurer Date: **3/19/04**  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME PD GEORGE, MILDRED STREET ADDRESS 86 MCFARLANE DRIVE CITY-ST-ZIP DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME DT HALPERN, MARCIA STREET ADDRESS 142 LOST BRIDGE DRIVE CITY-ST-ZIP PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME DS WIRTZ-RYAN, JOANNE STREET ADDRESS 624 CYPRESS GREEN CIRCLE CITY-ST-ZIP WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME DVP RYBOVICH, CINDY STREET ADDRESS 220 34TH ST CITY-ST-ZIP WEST PALM BEACH FL 33407	<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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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
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
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: *Marcia Halpern* Date: **3/19/04** Daytime Phone #: **561-622-8560**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR