

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90161 001 ****61.25
08-29-2003 90161 002 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0198610**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

SIGNATURE

Jeannette Deschesnes

2/1/03

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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:

Mildred George

8-13-2003

CR2E037 (4/03)