

733862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

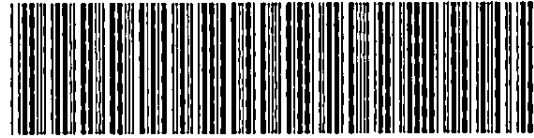
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2024 APR 19 PM 12:44

STATE  
OF FLORIDA

RECEIVED

2024 APR 19 AM 10:10

NOTARY PUBLIC  
STATE OF FLORIDA  
J. L. LAMAS, FLOIDA

AB

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/19/2024

**\*\*WALK IN\*\***

ENTITY NAME EMERGENCY MEDICAL ASSISTANCE, INC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

ACCOUNT #: I20160000072

*S. R. H.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EMERGENCY MEDICAL ASSISTANCE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 733862

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Flores

Name of Contact Person

Labyrinth, Inc.

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA, 17601

City/State and Zip Code

corporate@labyrinthinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Flores

at ( 717 ) 844-9862

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EMERGENCY MEDICAL ASSISTANCE, INC.
2. The principal office address: 142 LOST BRIDGE DR. PALM BEACH GARDENS, FL 33410
3. The mailing address (if different): PO BOX 33552 PALM BEACH GARDENS, FL 33420
4. Date of incorporation/qualification: 09/18/1975 Document number: 733862
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

HALPERN, MARCIA

142 LOST BRIDGE DR

PALM BEACH GARDENS, FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc


7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Katie Steffen, President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

04/10/2024

Date

If signing on behalf of an entity:

David Roberts

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

FILED  
2024 APR 19 PM 12:44