

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

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97 DEC -4 AM 9:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A27141

EMSA LIMITED PARTNERSHIP

Mailing Address

1200 S. PINE ISLAND ROAD, SUITE 600
FORT LAUDERDALE FL 33324

Principal Office Address

1200 S. PINE ISLAND ROAD, SUITE 600
FORT LAUDERDALE FL 33324

3. Date Formed or Registered

09/30/1988

3a. Date of Last Report

12/27/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$770,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

0

2. Mailing Address

3000 Galleria Tower

Suite, Apt. #, etc.

Suite 1000

City & State

Birmingham, AL

Zip

35244

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

65-0070674

☐ Applied For

☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Delorah W. Skipper as agent

DATE 12-4-97

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

INPHYNET HOSPITAL SERVICES,

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1200 S. PINE ISLAND R

11b. City, State & Zip Code

FORT LAUDERDALE FL 33

11c. Registration/
Document Number

P95000091228

300002363183--8

BK 12/4/97

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

By: Tracy P. Thrasher
VP & Secretary of its GP

DATE 12-1-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(205) 733-8996

CR2E003 (6/97)



THE UNITED STATES
CORPORATION
COMPANY

A27141

ACCOUNT NO. : 072100000032

REFERENCE : 622226 4390339

AUTHORIZATION :

COST LIMIT : \$ *Patricia Project*

ORDER DATE : December 4, 1997

156.25

ORDER TIME : 11:26 AM

ORDER NO. : 622226-020

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ANNUAL REPORT FILING

NAME: EMSA LIMITED PARTNERSHIP

300 002363183

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS: *BK*

RECEIVED
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DIVISION OF CORPORATION

12/4/97