FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

98 OCT -5 PH 2: 30

1. Name of Limited Partnership	1a. DOCUMENT # A27141			2.00	
EMSA' LIMI T ED PARTNERSHIP					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
3000 GALLERIA TOWER. SUITE 1000	1200 S. PINE ISLAND ROAD. SUITE 600 FORT LAUDERDALE FL 33324		09/30/1988	\$770,000.00	
BIRMINGHAM AL 35244			3a. Date of Last Report 12/04/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0070674	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country		8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
CORPORATION SERVICE COMPANY			ddress (P.O. Box Number Is Not Acceptable)		
1201 HAYS STREET	Sulle, Apt.				
SUITE 105 Tallahassee FL 32301	City		Zip Code		
			FL		
10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of	stered agent, or both, in the State of Florida. S				
SIGNATURE (Registered Agent Accepting Appointment)DATE					
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)	11a. (Do NOT Use Post Office Box Nut	mbers) 11b	. City, State & Zip Code	11c. Registration/ Document Number	
INPHYNET HOSPITAL SERVICES,	1200 S. PINE ISLAND R	F	ORT LAUDERDALE FL 33	P95000091228	
			80 00026	555 8 983	
		1	4/C 10/5/	in	

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:

9 /

FINIFI

DATE 9/23/98



ACCOUNT NO. : 072100000032

REFERENCE :

982933

COST LIMIT

\$ 535.000

ORDER DATE: October 2, 1998

ORDER TIME : 9:54 AM

ORDER NO. : 982933-010

CUSTOMER NO: 4390339

CUSTOMER: Ms. Irene Graves Medpartners, Inc.

3000 Galleria Tower

Suite 1000

Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMSA LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

EXAMINER'S INITIALS: