

Document Number Only

A 27141

C T Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850) 222-1092
City State Zip Phone

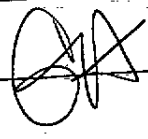
CORPORATION(S) NAME

100002923291--4
-07/06/99--01035--011
*****35.00 *****35.00

EMSA Limited Partnership

FILED STATES
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 JUL -6 PM 1:51

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input checked="" type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS / G/S |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name Availability	
Document Examiner	
Updater	
Verifier	
Acknowledgment	

A27141
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PLEASE RETURN EXTRA COPY(S)
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THANK YOU !

99 JUL -6 AM 1:09
RECEIVED
MANDI KENT

Florida Department of State, Jim Smith, Secretary of State

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes,
the undersigned limited partnership organized under the laws of the state of
Florida, submits the following statement
in order to change its registered office or registered agent, or both, in the state of
Florida.

1. The name of the limited partnership is:

EMSA Limited Partnership

2. The date of filing/registration in Florida:

9/30/88

3. Document number assigned:

A27141

4. The name and address of the present registered agent and office:

Corporation Service Company

1201 Hay Street; Suite 105

Tallahassee, FL 32301

5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)

C T CORPORATION SYSTEM

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners.

SIGNATURE: [Signature]

General Partner

Secretary/Vice President of
EMSA Correctional Care, Inc., the
General Partner

Date: June 29, 1999

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED IN THIS CERTIFICATE, 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.

C T CORPORATION SYSTEM

SIGNATURE: [Signature]

(Officer)

Mary R. Adams

(Type Name and Title of Officer)

Date: July 2, 1999

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

INHSE 4

Filing Fee: \$35.00