

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27141**

1. Entity Name

**EMSA LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:33

Principal Place of Business  
**1200 S. PINE ISLAND RD., SUITE 700  
FORT LAUDERDALE FL 33324**

Mailing Address  
**% AMERICA SERVICE GROUP, INC.  
105 WESTPARK DR., SUITE 300  
BRENTWOOD TN 37027-5010**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0070674**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$770,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                    | 13. ADDRESS CHANGES ONLY |                       |
|---------------------------------|------------------------------------|--------------------------|-----------------------|
| DOCUMENT #                      | P95000091515                       | STREET ADDRESS           |                       |
| NAME                            | EMSA CORRECTIONAL CARE, INC.       | CITY - ST - ZIP          |                       |
| STREET ADDRESS                  | 1200 S. PINE ISLAND RD., SUITE 700 |                          |                       |
| CITY - ST - ZIP                 | FORT LAUDERDALE FL 33324           |                          |                       |
| DOCUMENT #                      |                                    | STREET ADDRESS           | 200003289432--9       |
| NAME                            |                                    | CITY - ST - ZIP          | -06/14/00--01097--001 |
| STREET ADDRESS                  |                                    |                          | ****526.25 ****526.25 |
| CITY - ST - ZIP                 |                                    |                          |                       |
| DOCUMENT #                      |                                    | STREET ADDRESS           |                       |
| NAME                            |                                    | CITY - ST - ZIP          |                       |
| STREET ADDRESS                  |                                    |                          |                       |
| CITY - ST - ZIP                 |                                    |                          |                       |
| DOCUMENT #                      |                                    | STREET ADDRESS           |                       |
| NAME                            |                                    | CITY - ST - ZIP          |                       |
| STREET ADDRESS                  |                                    |                          |                       |
| CITY - ST - ZIP                 |                                    |                          |                       |
| DOCUMENT #                      |                                    | STREET ADDRESS           |                       |
| NAME                            |                                    | CITY - ST - ZIP          |                       |
| STREET ADDRESS                  |                                    |                          |                       |
| CITY - ST - ZIP                 |                                    |                          |                       |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/3/00 615-373-3100  
Date Daytime Phone #

*John L. Byassee, Senior Vice President of EMSA Correctional Care, Inc.,  
the sole general partner of EMSA Limited Partnership*

CR 2E00: (6-7-01)