


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR -1 AM 8:39

**DOCUMENT # A27141**  
1. Entity Name  
**EMSA LIMITED PARTNERSHIP**



Principal Place of Business: **1200 S. PINE ISLAND RD., SUITE 700  
FORT LAUDERDALE FL 33324**  
Mailing Address: **C/O AMERICA SERVICE GROUP  
105 WESTPARK DRIVE, STE 200  
BRENTWOOD TN 37027**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: City & State  
Zip: Country



1ST MOORE CR2E003 (10/04)  
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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: **\$770,000.00**  
10. Amount of Capital Contributions in FLORIDA to date: **770,000**

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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	
DOCUMENT #	<b>P95000091515</b>
NAME	<b>EMSA CORRECTIONAL CARE, INC.</b>
STREET ADDRESS	<b>1200 S. PINE ISLAND RD., SUITE 700</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>900050510749</b> <b>04/12/05--01010--013 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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:  **SRVP/SECRETARY PRISON HEALTH SERVICES, AC**  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_