


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10: 19



Handwritten initials

1st MOORE CR2E003 (10/05)

4. FEI Number 65-0070674		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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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.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000091515 EMSA CORRECTIONAL CARE, INC. 1200 S. PINE ISLAND RD., SUITE 700 FORT LAUDERDALE FL 33324	STREET ADDRESS CITY-ST-ZIP	1300 Sawgrass Corporate Pkwy, Ste. 120 Sunrise, FL 33323
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600076018206 06/08/06--01039--020 **\$500.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

BY: PRISON HEALTH SERVICES ITS: GENERAL PARTNER
SIGNATURE: *Handwritten signature* SECRETARY / PRISON HEALTH SERVICES 4/28/06 6153761317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #