

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018175 AB

DOCUMENT # A27141

1. Entity Name
EMSA LIMITED PARTNERSHIP



FILED

03 APR -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0070674

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$770,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

770,000

11. MAKE CHECK PAYABLE TO FL. 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
NAME EMSA CORRECTIONAL CARE, INC.
STREET ADDRESS 1200 S. PINE ISLAND RD., SUITE 700
CITY-ST-ZIP FORT LAUDERDALE FL 33324

STREET ADDRESS

CITY-ST-ZIP

300015294423

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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

Date

Daytime Phone #

CP2E003 (10/02)

STAPLE CHECK HERE