


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90050 021 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003710

1. Corporation Name
FLORIDA EMERGENCY PARTNERS, INC.



Principal Place of Business 1212 GUADALUPE, SUITE 102 AUSTIN TX 78701	Mailing Address 1212 GUADALUPE, SUITE 102 AUSTIN TX 78701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2821 S. Parker Rd. Suite, Apt. #, etc. 22 10th Fl. City & State 23 Aurora, CO Zip 24 80014 Country 25 USA		2a. Mailing Address 26 2821 S. Parker Rd. Suite, Apt. #, etc. 27 10th Fl. City & State 28 Aurora, CO Zip 29 80014 Country 30 USA		3. Date Incorporated or Qualified 07/22/1996	
		4. FEI Number 59-3383583		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ELLIS, SETH D
141 WATERMAN AVE.
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name	CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)	1200 Pine Island Road
83	
84 City	Plantation
85 Zip Code	FL 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Marcia J. Sumahara ASST. V.P. 4.3.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMPTON, WILLIAM E 141 WATERMAN AVE. MOUNT DORA FL 32757 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S/T David J. Beckman 141 Waterman Ave. Mount Dora, Florida 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELLIS, SETH D 141 WATERMAN AVE. MOUNT DORA FL 32757 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/AS Trace Skeen 1850 Parkway Pl. #810 Marietta, GA 30067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/AS Robert T. Allen 2821 S. Parker Rd., 10th Fl. Aurora, CO 80014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/AS Gino Porazzo 2821 S. Parker Rd., 3rd Fl. Aurora, CO 80014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V/AS Joshua T. Gaines 2821 S. Parker Rd., 10th Fl. Aurora, CO 80014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AS Susan Whittaker 669 Airport Freeway #400 Hurst, TX 76053 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PRESIDENT

3/15/99

(303) 614-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0559487