


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

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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		2a. Mailing Address 26 2821 S. Parker Rd. Suite, Apt. #, etc. 27 10th Fl. City & State 28 Aurora, CO Zip 29 80014		3. Date Incorporated or Qualified 07/22/1996		4. FEI Number 59-3383583		Applied For Not Applicable	
Country 25 USA		Country 30 USA		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 FL	
85 Zip Code		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. Sumahora* ASST. V.P. DATE 4.3.99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 Date 3/15/99 Daytime Phone # (303) 614-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)