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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700004883

1. Corporation Name

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90080 036 ***150.00

STFRLIN	G EMERGENCY MEDICAL (CARE INCORPORATED					
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Principal Place	e of Business	Mailing Address			•		
5835 BLUE LAGOON DRIVE 5835 BLUE LAGOON DRIVE							
MIAMI FL 33126 MIAMI FL 33126					TO LUCK WOLTE IN	T. 110 00 40 5	
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		- }
					09/18/1997		
2 Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	Applied For	
21		26			65-0779491	Not Applicabl	е
Suite, Apt.	# ata	Suite, Apt. #, etc.	<u></u>	-		\$8.75 Additional	ヿ
	m, etc.				5. Certifcate of Status Desired	Fee Required	
22		27					=
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	_		Trust Fund Contribution	Added to Fees	\dashv
Zip	Country	Zip	Country		8. This corporation owes the current y		ı
24	25	29	30		Personal Property Tax.	Yes No	_
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Regis	tered Agent	
1			81	Name			1
CTC	CORPORATION SYSTEM				(B. C. D.)		_
1200) so pine island RD		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324		 		<u> </u>		\dashv
FLAI	11X11011 FL 30324		83				
\			84	City		85 Zip Code	ヿ
			54	City		FL S Z P COOK	
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	s, the above	-named coi	poration submits this statement for the purp	ose of changing its registered	\neg
	egistered egent or both in the State	of Florida, Such change was all	thorized by t	he comora	tion's board of directors. I hereby accept the	appointment as registered	1
office or n	egistered agent, or both, in the State of	or rionga, oddir ondrige was de	illionzed by t	no corpora	tion's board of directors. I hereby accept the	• •	' '
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statutes.	ing corpora	gorra additional residual accept with		
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fior	ida Statutes.				
agent. I a	m familiar with, and accept the obligat	nt and title if applicable. (NOTE:	Registered Agent		red when reinstating)	ATE	
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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: