

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90136 001 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F99000005214**  
1. Entity Name  
**ECS OF LOUISIANA, A PROFESSIONAL MEDICAL CORPORATION**

Principal Place of Business Mailing Address  
**1001 IVES DAIRY ROAD-SUITE 206** **1001 IVES DAIRY ROAD-SUITE 206**  
**SUITE 206** **SUITE 206**  
**NORTH MIAMI FL 33179** **NORTH MIAMI FL 33179**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**REGISTERED AGENTS OF FLORIDA, LLC**  
**100 SE 2ND STREET**  
**SUITE 3500**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
~~Name: **CS Corporation Systems**~~  
~~Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**~~  
~~City: **Plantation** FL Zip Code: **33324**~~

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.  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SCHILLINGER, DAVID</b> <input type="checkbox"/> Delete <b>1001 IVES DAIRY ROAD-SUITE 206</b> <b>NORTH MIAMI FL 33179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SCHILLINGER, JEFFREY</b> <input type="checkbox"/> Delete <b>1001 IVES DAIRY ROAD-SUITE 206</b> <b>NORTH MIAMI FL 33179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST WEGNER, ANITA</b> <input type="checkbox"/> Delete <b>1001 IVES DAIRY ROAD-SUITE 206</b> <b>NORTH MIAMI FL 33179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita Wegner ANITA WEGNER 04.29.02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



*Attachment 35322*  
**ECS HOLDINGS, INC.**  
1001 Ives Dairy Road, Suite 206  
North Miami, FL 33179  
(305) 944-9990 / (305) 947-9990 fax  
(800) 222-2443

June 7, 2002

Division of Corporations  
Florida Department of State  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed please find the following 2002 Uniform Business Reports which were returned to us due to the new registered agent not having accepted designation. We have determined at this time to continue the services of the current registered agents and, therefore, have deleted the change of registered agent information. Kindly process these forms as revised.

<u>CORPORATION</u>	<u>REF. NO.</u>
ECS In-Patient Services, Inc.	P01000086831
ECS ER Physician Management, Inc..	P01000052525
Emergency Care Specialists of Texas, P.A.	F99000005215
ECS of Louisiana, a Professional Medical Corporation.	F99000005214

Please advise us if there are any further issues concerning the filing of these reports. Thank you for your assistance and cooperation.

Sincerely,

*Nancy K. Watkin*

Nancy K. Watkin  
Corporate Counsel

encl as stated