

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP -5 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09961 (9)
1. Corporation Name
THE EMERGENCY ASSOCIATES FOR MEDICINE, INC.

Principal Place of Business
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244
US

Mailing Address
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6200 Courtney Campbell Causeway 22 Suite 400 23 Tampa, FL 24 33607 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/01/1988		3a. Date of Last Report 04/24/1996	
4. FEI Number 59-2862461		5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 200002286162-7
84 City
85 Zip Code
FL

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 _____
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	D	1.1 TITLE	D/CEO
NAME	HOUSE, LARRY R	1.2 NAME	
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35244	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D/VP/T
NAME	KNIGHT, HAROLD O JR	2.2 NAME	
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35244	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D/VP/S
NAME	THRASHER, TRACEY P	3.2 NAME	Thrasher, Tracy P.
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35244	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	P
NAME		4.2 NAME	Hillman, MD, James V.
STREET ADDRESS		4.3 STREET ADDRESS	6200 Courtney Campbell Causeway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE		5.1 TITLE	VP
NAME		5.2 NAME	Massingale, MD, H. Lynn
STREET ADDRESS		5.3 STREET ADDRESS	1900 Winston Road, Ste 300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Knoxville, TN 37919
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: Tracy P. Thrasher
Secretary & VP 9-3-97 (205) 733-8996

CR2E034 (4/97)



ACCOUNT NO. : 072100000032

REFERENCE : 519503 4390339

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia P. Pitt

ORDER DATE : September 5, 1997

ORDER TIME : 12:06 PM

ORDER NO. : 519503-030

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: THE EMERGENCY ASSOCIATES FOR
MEDICINE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Stscherban

EXAMINER'S INITIALS:

97 SEP -5 PM 1:27
DIVISION OF REGISTRATION

A. Allen
9/5/97