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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 JUL 27 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200002599982--0

DOCUMENT # K54984 (5)

1. Corporation Name
EMSA JOLIET, INC.

Principal Place of Business
1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324
US

Mailing Address
1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1988

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26: 3000 Galleria Tower
Suite, Apt. #, etc. — 27: Suite 1000
City & State — 28: Birmingham, AL
Zip — 29: 35244 Country — 30

4. FEI Number: 65-0086608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
SUITE 250
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Karen B. Zal — 7/27/98
Signature (type or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	FINDEISS, J. CLIFFORD	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AS	☒ DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AS	☒ DELETE
NAME	MCCLEARY, GEORGE W. (JR.	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	☒ DELETE
NAME	REED, A.J.	
STREET ADDRESS	1200 S PINE ISLAND RD S600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	☒ DELETE
NAME	KILARU, RAO H.	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, STE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	☒ DELETE
NAME	CREED, JERE D.	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, STE 600	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V/T	☐ Change ☒ Addition
1.2 NAME	James H. Dickerson, Jr.	
1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
1.4 CITY-ST-ZIP	Birmingham, AL 35244	
2.1 TITLE	D/V/S	☐ Change ☒ Addition
2.2 NAME	Tracy P. Thrasher	
2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
2.4 CITY-ST-ZIP	Birmingham, AL 35244	
3.1 TITLE	P	☐ Change ☒ Addition
3.2 NAME	H. Lynn Massingale, M.D.	
3.3 STREET ADDRESS	1900 Winston Road, Suite 300	
3.4 CITY-ST-ZIP	Knoxville, TN 37919	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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).

SIGNATURE: Tracy P. Thrasher VP & Secretary 7/21/98 205-733-8996

2

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : ~~903532~~ 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

ORDER DATE : July 24, 1998

ORDER TIME : 2:35 PM

ORDER NO. : 903532

CUSTOMER NO: 4390339

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

CHANGE OF AGENT

NAME: EMSA JOLIET, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Janice Vanderslice

98 JUL 27 PM 4:08
SECRETARY OF STATE