

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 05 1996 8:00 am  
Secretary of State

DOCUMENT # **K91187** (0)

1. Corporation Name  
**EMSA LOUISIANA, INC.**



Principal Place of Business <b>1200 S. PINE ISLAND ROAD 600 PLANTATION FL 33324 US</b>		Mailing Address <b>1200 S. PINE ISLAND ROAD 600 PLANTATION FL 33324 US</b>		3. Date Incorporated or Qualified <b>05/25/1989</b>		3a. Date of Last Report <b>04/18/1995</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. <b>Suite 600</b> 22 City & State <b>Plantation FL</b> 23 Zip <b>33324</b> Country <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc. <b>Suite 600</b> 27 City & State <b>Plantation FL</b> 28 Zip <b>33324</b> Country <b>US</b>		4. FEI Number <b>65-0125286</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b> 83 <b>Suite 250</b> 84 City <b>FL</b> 85 Zip Code			
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 _____ (NOTE: Registered Agent signature required when reappointing)							
12. OFFICERS AND DIRECTORS							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP				
	DP FINDEISS, J. CLIFFORD	1200 S. PINE ISLAND RD., SUITE 600	PLANTATION FL				
	DV CREED, JERE D.	1200 S. PINE ISLAND RD., STE. 600	PLANTATION FL				
	V WEINSTEIN, VICTOR	1200 S. PINE ISLAND RD., STE. 600	PLANTATION FL				
	VS MCCLEARY, GEORGE	1200 S. PINE ISLAND RD., SUITE 600	PLANTATION FL				
	VT BLANFORD, MARY ANN	1200 S. PINE ISLAND RD., STE 600	PLANTATION FL				
	S WARLEN, NEESA K	1200 S. PINE ISLAND RD SUITE 600	PLANTATION FL				
				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				1.2 NAME			
				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Mary Ann Blanford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Blanford 3/20/96 (954)475-1300

Date: Daytime Phone #

CR2E034 (12/95)