

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K91187

1. Corporation Name

EMSA LOUISIANA, INC.

Principal Place of Business

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

Mailing Address

3000 GALLERIA TOWER, STE 1000  
BIRMINGHAM AL 35244

FILED

99 JAN 25 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1989

4. FEI Number

65-0125286

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

CEOD

☒ DELETE

NAME

CRAWFORD, MAC E

STREET ADDRESS

3000 GALLERIA TOWER, STE 1000

CITY-ST-ZIP

BIRMINGHAM AL 35244

TITLE

VTD

☒ DELETE

NAME

KNIGHT, HAROLD O JR

STREET ADDRESS

3000 GALLERIA TOWER, STE 1000

CITY-ST-ZIP

BIRMINGHAM AL 35244

TITLE

VSD

☒ DELETE

NAME

THRASHER, TRACY P

STREET ADDRESS

3000 GALLERIA TOWER, STE 1000

CITY-ST-ZIP

BIRMINGHAM AL 35244

TITLE

P

☐ DELETE

NAME

MASSINGALE, LYNN H MD

STREET ADDRESS

1900 WINSTON RD., STE 300

CITY-ST-ZIP

KNOXVILLE TN 37919

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

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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:

 JAMES H. DICKERSON, JR. 1/22/99 205/732-8996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0522313



ACCOUNT NO. : 072100000032

REFERENCE : 110478 4390339

AUTHORIZATION : Patricia Pzyut

COST LIMIT : \$ 150.00

ORDER DATE : January 25, 1999

ORDER TIME : 1:39 PM

ORDER NO. : 110478-065

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMSA LOUISIANA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED  
99 JAN 25 PM 2:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA