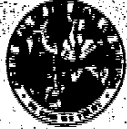


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **L33475** (9)

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

95 APR -4 AM 10: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1200 S. PINE ISLAND RD  
SUITE 500  
PLANTATION FL 33324  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**01/01/1990 03/23/1994**  
4. FEI Number Applied For  
**65-0158068** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINEISLAND RD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. PINE ISLAND ROAD**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **FINDEISS, J. CLIFFORD**  
STREET ADDRESS **1200 S. PINE ISLAND RD STE 600**  
CITY - ST - ZIP **PLANTATION FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE **P D**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE **V D**  Change  Addition  
2.2 NAME **REED, A. J.**  
2.3 STREET ADDRESS **1200 S. PINE ISLAND RD, SUITE 500**  
2.4 CITY - ST - ZIP **PLANTATION, FLORIDA 33324**

3.1 TITLE **S T**  Change  Addition  
3.2 NAME **CREED, JERE D.**  
3.3 STREET ADDRESS **1200 S. PINE ISLAND RD, SUITE 600**  
3.4 CITY - ST - ZIP **PLANTATION, FLORIDA 33324**

4.1 TITLE **S**  Change  Addition  
4.2 NAME **MCCLEARY JR., GEORGE W.**  
4.3 STREET ADDRESS **1200 S. PINE ISLAND ROAD, SUITE 600**  
4.4 CITY - ST - ZIP **PLANTATION, FLORIDA 33324**

5.1 TITLE **S**  Change  Addition  
5.2 NAME **BLANFORD, MARY ANN**  
5.3 STREET ADDRESS **1200 S. PINE ISLAND RD, SUITE 500**  
5.4 CITY - ST - ZIP **PLANTATION, FLORIDA 33324**

6.1 TITLE  
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 110.07(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 as an attachment with an address.

SIGNATURE: *Mary Ann Blanford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARY ANN BLANFORD**

1/27/95 (305)475-1300