

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 24 Country 25 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
Date (Optional)