

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 05 1996 8:00 am  
Secretary of State

DOCUMENT # **L33475** (9)

1. Corporation Name

**EMSA WICHITA, INC.**



Principal Place of Business

**1200 S. PINE ISLAND RD  
SUITE 500  
PLANTATION FL 33324  
US**

Mailing Address

**1200 S. PINE ISLAND RD  
SUITE 500  
PLANTATION FL 33324  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
**01/01/1990**

3a. Date of Last Report  
**04/04/1995**

4. FEI Number

**65-0158068**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

**1200 S. Pine Island Road,  
Suite 250**

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's signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **FINDEISS, J. CLIFFORD**  
STREET ADDRESS **1200 S. PINE ISLAND RD STE 600**  
CITY-STATE-ZIP **PLANTATION FL**

TITLE **VD** ☐ DELETE  
NAME **REED, A.J.**  
STREET ADDRESS **1200 S. PINE ISLAND RD., STE 500**  
CITY-STATE-ZIP **PLANTATION FL**

TITLE **ST** ☐ DELETE  
NAME **CREED, JERE D.**  
STREET ADDRESS **1200 S. PINE ISLAND RD., STE 600**  
CITY-STATE-ZIP **PLANTATION FL**

TITLE **S** ☐ DELETE  
NAME **MCCLEARY, GEORGE W. J**  
STREET ADDRESS **1200 S. PINE ISLAND RD., STE 600**  
CITY-STATE-ZIP **PLANTATION FL**

TITLE **S** ☐ DELETE  
NAME **BLANFORD, MARY ANN**  
STREET ADDRESS **1200 S. PINE ISLAND RD., STE 500**  
CITY-STATE-ZIP **PLANTATION FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**V**

**Carro, Alberto**

**1200 S. Pine Island Rd., Ste. 600  
Plantation, FL**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

(954)475-1300

CR2E034 (12/95)