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FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33324-4413
US

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

3. Date Incorporated or Qualified
01/01/1990

3a. Date of Last Report
04/05/1996

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
SUITE 250
PLANTATION FL 33324

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE V
NAME CARRO, ALBERTO
STREET ADDRESS 1200 PINE ISLAND ROAD STE 600
CITY- ST- ZIP PLANTATION FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE AS ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE AS ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: Mary Ann Blanford 2/17/97 (954) 475-1300

CR2E034 (9/96)