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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUL 27 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L33475 (9)

1. Corporation Name
EMSA WICHITA, INC.

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 1200 S. Pine Island Rd.	26 3000 Galleria Tower
Suite, Apt. #, etc. 22 Suite 600	Suite, Apt. #, etc. 27 Suite 1000
City & State 23 Plantation, FL	City & State 28 Birmingham, AL
Zip 24 33324 Country 25	Zip 29 35244 Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street 83 84 City: Tallahassee FL 85 Zip Code: 32301

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: Karen B. Ryan 7/27/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FINDEISS, J. CLIFFORD 1200 S. PINE ISLAND RD STE 600 PLANTATION FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/V/T James H. Dickerson, Jr. 3000 Galleria Tower, Suite 1000 Birmingham, AL 35244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REED, A.J. 1200 S. PINE ISLAND RD., STE 500 PLANTATION FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/V/S Tracy P. Thrasher 3000 Galleria Tower, Suite 1000 Birmingham, AL 35244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CREED, JERE D. 1200 S. PINE ISLAND RD., STE 600 PLANTATION FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P H. Lynn Massingale, MD 1900 Winston Road, Suite 300 Knoxville, TN 37919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MCCLEARY, GEORGE W. J 1200 S. PINE ISLAND RD., STE 600 PLANTATION FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BLANFORD, MARY ANN 1200 S. PINE ISLAND RD., STE 500 PLANTATION FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SL 1-27-98	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Tracy P. Thrasher VP & Secretary 7/21/98 205-733-8996

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 903532 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

ORDER DATE : July 24, 1998

ORDER TIME : 2:37 PM

ORDER NO. : 903532

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

CHANGE OF AGENT

NAME: EMSA WICHITA, INC.

98 JUL 27 PM 4:07

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Janice Vanderslice