

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000041156

1. Corporation Name  
EMZA, INC.

FILED

99 JAN 25 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1200 S PINE ISLAND RD  
SUITE 600  
PLANTATION FL 33324

Mailing Address  
3000 GALLERIA TOWER  
SUITE 3000  
BIRMINGHAM AL 35244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	1200 S. PINE ISLAND ROAD
22	City & State	27	SUITE 600
23	Zip	28	PLANTATION, FL
24	Country	29	33324
30		31	

3. Date Incorporated or Qualified	
06/10/1993	
4. FEI Number	Applied For
65-0421565	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	DVT	<input type="checkbox"/> DELETE	
NAME	DICKERSON, JAMES H JR		
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000		
CITY-ST-ZIP	BIRMINGHAM AL 35244		
TITLE	DVS	<input checked="" type="checkbox"/> DELETE	
NAME	THRASHER, TRACY P		
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000		
CITY-ST-ZIP	BIRMINGHAM AL 35244		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	MASSINGALE, H. LYNN		
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000		
CITY-ST-ZIP	BIRMINGHAM AL 35244		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME		DVS	
2.3 STREET ADDRESS		SARA J. FIDLEY	
2.4 CITY-ST-ZIP		3000 GALLERIA TOWER, STE. 1000	
		BIRMINGHAM, AL 35244	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: REQUIRED H. DICKERSON, JR. 1/21/99 (265) 733-8996

0522230

CR2E034 (11/98)



②

ACCOUNT NO. : 072100000032

REFERENCE : 110478 4390339

AUTHORIZATION : Patricia Pizant

COST LIMIT : \$ 150.00

ORDER DATE : January 25, 1999

ORDER TIME : 1:45 PM

ORDER NO. : 110478-090

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMZA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED  
99 JAN 25 PM 2:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA