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

Mailing Address

348 MIRACLE STRIP PKWY. S.W.

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

OID WIRACLE STRIP PKWY., S.W.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 02 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000045045 (0)

EMERGENCY MEDICAL RESOURCES CORP.

SUITE 20 FT: WALTON BEACH FL S2343					SUITE 26 - FT. WALTON BEACH SL 22549				DO NOT WRITE IN THIS SPACE				
US				US 					l	Date Incorporated or Qualified 06/21/1993			
2. Principal P			^		Mailing Address		Λ		4.	. FEI Number			pplied For
21 7552	HAYE	RRE	PARKWAY	26	7552 Nav	BAAR	1	Barwa	<u> </u>	65-0441574		1	lot Applicable
Suite, Apt.	#, etc.			1 :	Suite, Apt. #, etc.	-		'	7	. Certificate of Status Desired	•	8.75	Additional
22 SV17				27	SUITEL					. Continuate of Status Desired		Fee F	Required
City & State				L	City & State			6.	Election Campaign Financing		\$5.00	May Be	
			28					Trust Fund Contribution Added to Fees					
Zip Country					Zip Country				8.	3. This corporation owes or has paid the	current	year li	ntangible
24 33666-			m hosa		2566.7321	30 28	ΗZ	a Rusa	_	Personal Property Tax due June 30.	<u> </u>		☐ No
<u></u>			ress of Current I	Registe	ered Agent		10.). Name and Address of New Register	ed Age	nt			
	NCHY III,						81	Name					
6814 TIDEWATER DRIVE								Street Addre	ss (F	P.O. Box Number is Not Acceptable)			
NA	varre fl	. 32566											
							83						
ļ						}	84	City			8	5 Zin	Code
							•	Olly		F	=L °	"	. 0000
11. Pursuant	to the provi	sions of Se	ctions 607.0502	and 607	7.1508, Florida Statu	ites, the ab	OVE	-named corpo	ratio	on submits this statement for the purpos	e of cha	anging	its registered
agent. La	egistered a m fa miliar v	igent, or c o vith, an c a c	in, in the state of scept the obligation	ons of,	section 607.0505, F	lorida Stati	i by ites	r ine corporatio s.	msi	board of directors. I hereby accept the	appoini	ment a	s registered
SIGNATURE			,										
DIGITATORE	Signature, type	d or printed na	me of registered agont i	and Inle if	applicable (NC	TE Registered	Aga	nt signature required	d wher	en reinstating) DA1	É		
12.			OFFICERS AND I	DIRECT		13.				ADDITIONS/CHANGES TO OFFICERS			
TITLE	PS				DELETE	1.1 10	LE	ļ			Ш	Change	Addition
NAME		HY, RICHA				1.2 NA	ME						
STREET ADDRESS		IDEWATE				1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	NAVAR	RE FL 32	566			1.4 CIT	Y-5	T - ZIP					
TITLE					DELETE	2.1 TIT	LE					Change	☐ Addition
NAME						22 NA	ME						
STREET ADDRESS						2.3 STI	REET	ADDRESS					
CITY-ST-ZIP						2. 4 Cf	TY-S	ST - ZIP					
TITLE					☐ DELETE	3.1 TIT	LΕ					Change	Addition
NAME						3.2 NA	ME						
STREET ADDRESS						3.3 STI	REET	ADDRESS					
CITY-ST-ZIP						3.4. Cf	TY- S	1-ZIP					
TITLE					DELETE	4.1 TIT	LE					Change	Addition
NAME						4. 2 NA	ME						
STREET ADDRESS						4,3 STF	REET	ADDRESS					ľ
CITY-ST-ZIP						4.4 CIT	Y-5'	T-ZIP					
TITLE					DELETE	5.1 TIT	_					Change	Addition
NAME						5.2 NAI	ME						
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP						5.4 CIT							
TITLE					DELETE	6.1 117						Change	Addition
NAME						6.2 NA	ME	1				-	
STREET ADDRESS								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 chapter or an an accument with an address.

1/4/ 00