

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

1

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P95000091222

1. Corporation Name

EMSA GOVERNMENT SERVICES, INC.

FILED
99 JAN 21 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 11/30/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0622856 | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 | | 28 | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 | | 29 | | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| 25 | | 30 | | <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 32301-2525 | | 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

| | | | |
|----------------------------|------------------------------------|---|-----------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | V | 1.1 TITLE | VD |
| NAME | PRADO, MARTA | 1.2 NAME | Marta Prado |
| STREET ADDRESS | 1200 S. PINE ISLAND RD., SUITE 600 | 1.3 STREET ADDRESS | 1200 S. Pine Island Rd. Suite 600 |
| CITY-ST-ZIP | PLANTATION FL | 1.4 CITY-ST-ZIP | Plantation, FL 33324 |
| TITLE | PDCE | 2.1 TITLE | PTD |
| NAME | CRAWFORD, E. MAC | 2.2 NAME | James H. Dickerson, Jr. |
| STREET ADDRESS | 3000 GALLERIA TOWER, SUITE 1000 | 2.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 |
| CITY-ST-ZIP | BIRMINGHAM AL 35244 | 2.4 CITY-ST-ZIP | Birmingham, AL 35244 |
| TITLE | VTD | 3.1 TITLE | VSD |
| NAME | KNIGHT, HAROLD O JR. | 3.2 NAME | Sara J. Finley |
| STREET ADDRESS | 3000 GALLERIA TOWER, SUITE 1000 | 3.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 |
| CITY-ST-ZIP | BIRMINGHAM AL 35244 | 3.4 CITY-ST-ZIP | Birmingham, AL 35244 |
| TITLE | VSD | 4.1 TITLE | V |
| NAME | THRASHER, TRACY P | 4.2 NAME | C. Clark Wingfield, Jr. |
| STREET ADDRESS | 3000 GALLERIA TOWER, SUITE 1000 | 4.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 |
| CITY-ST-ZIP | BIRMINGHAM AL 35244 | 4.4 CITY-ST-ZIP | Birmingham, AL 35244 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(f), 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: _____ DATE: 1/20/99 DAYTIME PHONE: 205/733/8996

(2)



ACCOUNT NO. : 072100000032
REFERENCE : 106901 4390339
AUTHORIZATION : *Patricia Piguet*
COST LIMIT : \$ 150.00

ORDER DATE : January 21, 1999

ORDER TIME : 10:28 AM

ORDER NO. : 106901-010

CUSTOMER NO: 4390339

CUSTOMER: Ms. Danielle Bayer
Medpartners, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMSA GOVERNMENT SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS: _____

RECEIVED
99 JAN 21 AM 11:30
DIVISION OF CORPORATION