

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90216 047 \*\*\*150.00

**DOCUMENT # P95000091222**

1. Entity Name

**EMSA GOVERNMENT SERVICES, INC.**

Principal Place of Business

**1200 S. PINE ISLAND RD., SUITE 700  
 PLANTATION FL 33324**

Mailing Address

**C/O AMERICA SERVICE CORP.  
 105 WESTPARK DR., SUITE 300  
 BRENTWOOD TN 37027**

2. Principal Place of Business

3. Mailing Address

**C/O America Service Group**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**105 Westpark Dr, Ste 200**

City & State

City & State

**Brentwood, TN**

Zip

Country

Zip

Country

**37027**

**US**

4. FEI Number

**65-0622856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV BOYLE, GERARD F 105 WESTPARK DRIVE, SUITE 300 BRENTWOOD TN 37027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS BYASSEE, JEAN L 105 WESTPARK DRIVE, SUITE 300 BRENTWOOD TN 37027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP TEAL, BRUCE A 105 WESTPARK DRIVE, SUITE 300 BRENTWOOD TN 37027</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CATALANO, MICHAEL 105 WESTPARK DRIVE, SUITE 300 BRENTWOOD TN 37027</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT CHOPPIN, S W 105 WESTPARK DR STE 300 BRENTWOOD TN 37027</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD 105 Westpark Dr, Ste 200 Brentwood, TN 37027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS 105 Westpark Dr, Ste 200 Brentwood, TN 37027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>105 Westpark Dr, Ste 200 Brentwood, TN 37027</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Richard D. Wright 105 Westpark Dr, Ste 200 Brentwood, TN 37027</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT Michael W. Taylor 105 Westpark Dr, Ste 200 Brentwood, TN 37027</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst Sec Jennifer A. Bennett 105 Westpark Dr, Ste 200 Brentwood, TN 37027</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)