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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Apr 12 1996 8:00 am  
Secretary of State

DOCUMENT # **P95000091506 (2)**

1. Corporation Name

**EMSA MILITARY SERVICES, INC.**

Principal Place of Business

Mailing Address

**1200 S. PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324**

**1200 S. PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324**

81 Name

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

83 Suite 250

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and 10% if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **CREED, JERE D M.D.**  
STREET ADDRESS **1200 S. PINE ISLAND ROAD, SUITE 600**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ DELETE  
NAME **FINDEISS, J. CLIFFORD M.D.**  
STREET ADDRESS **1200 S. PINE ISLAND ROAD, SUITE 600**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ DELETE  
NAME **MCCLEARY, GEORGE W JR.**  
STREET ADDRESS **1200 S. PINE ISLAND ROAD, SUITE 600**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition  
1.2 NAME **Keldie, Carl**  
1.3 STREET ADDRESS **1200 S. Pine Island Rd., Suite 600**  
1.4 CITY-ST-ZIP **Plantation, FL 33324**

2.1 TITLE **P/D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **V/D** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **V** ☐ Change ☒ Addition  
4.2 NAME **Prado, Marta**  
4.3 STREET ADDRESS **1200 S. Pine Island Rd., Suite 600**  
4.4 CITY-ST-ZIP **Plantation, FL. 33324**

5.1 TITLE **V** ☐ Change ☒ Addition  
5.2 NAME **Blanford, Mary Ann**  
5.3 STREET ADDRESS **1200 S. Pine Island Rd., Suite 600**  
5.4 CITY-ST-ZIP **Plantation, FL 33324**

6.1 TITLE **S** ☐ Change ☒ Addition  
6.2 NAME **Peck, David C.**  
6.3 STREET ADDRESS **1200 S. Pine Island Rd., Suite 600**  
6.4 CITY-ST-ZIP **Plantation, FL 33324**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Mary Ann Blanford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Blanford 3/22/96 (954) 475-1300

Date: SG 41-12-96 Daytime Phone: \*

CR2E034 (12/95)