

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

①

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAY -1 PM 3: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091506 (2)

1. Corporation Name  
EMSA MILITARY SERVICES, INC.

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

Mailing Address  
1200 S. PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/01/1995

4. FEI Number  
65-0622866  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3000 Galleria Tower

22 City & State

27 Suite 1000

23 Zip Country

28 Birmingham, AL

24 Zip Country

29 33244 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KELDIE, CARL	
STREET ADDRESS	1200 S PINE ISLAND RD SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FINDEISS, J. CLIFFORD M.D.	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLEARY, GEORGE W JR.	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PRADO, MARTA	
STREET ADDRESS	1200 S. PINE ISLAND ROAD SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S. PINE ISLAND ROAD SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PECK, DAVID C	
STREET ADDRESS	1200 S. PINE ISLAND ROAD SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	

1.1 TITLE	P/D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. Mac Crawford	
1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
1.4 CITY-ST-ZIP	Birmingham, AL 35244	
2.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harold O. Knight, Jr.	
2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
2.4 CITY-ST-ZIP	Birmingham, AL 35244	
3.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tracy P. Thrasher	
3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
3.4 CITY-ST-ZIP	Birmingham, AL 35244	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	200002507842--7	
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

SIGNATURE Tracy P. Thrasher 3-20-98 205-783-3996

CR2E034 (10/97)

2



ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION :

*Patricia Pizutto*

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 1998

ORDER TIME : 9:17 AM

ORDER NO. : 802968-020

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber  
Medpartners, Inc.  
3000 Riverchase  
Galleria Tower / Ste. 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMSA MILITARY 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: Lynette Coleman

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
99 MAY -1 AM 11:22  
DIVISION OF CORPORATION