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SHORETARY OF STATE

FILE NOW: FILING FEE_AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091506

1. Corporation Name

EMSA WILLIAMY SERVICES, INC.				TALLASSEE EL CRIDA				
Principal Place of Business	Mailing Address			. -	EBIBT ITBE	II MIITE MÅTER MITT I BUT		
1200 S. PINE ISLAND ROAD 3000 GALLERIA TOWER STE 100 SUITE 600 BIRMINGHAM AL 35244 PLANTATION FL 33324		X O		DO NOT WRITE IN THIS	SPAC	E		
				Date Incorporated or Qualifed 12/01/1995				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
21	26			65-0622866		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional ee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		i.00 May Be ided to Fees		
Zip Country	Zip Co	ountry		This corporation owes the current year Interpretation Personal Property Tax.	tangible			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPAI	MV	81	Name					
1201 HAYS STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525		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				D. I. T.				
	Signature, typed or printed name of registered agent and title if applica		gistered Agent signature required when reinstating) DATE APRILITION OF THE PRINCIPLE AND PRINCIPLE					
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	CEOP	DELETE	1.1 TITLE	PTD Change SAddition				
NAME	CRAWFORD, MAC E		1.2 NAME	James H. Dickerson, Jr.				
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000		1,3 STREET ADDRESS	· · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP	BIRMINGHAM AL 35244		1.4 CITY-ST-ZIP	Birmingham, AL 35244				
TILE	D	DELETE	2.1 TITLE	V ≤ D ☐ Change				
NAME	CRAWFORD, MAC E		2,2 NAME	Sara J. Finley 3000 Galleria Tower, Suite 1000				
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000		2.3 STREET ADDRESS	3000 Galleria Tower, State 1000				
CITY-ST-ZIP	BIRMINGHAM AL 35244		2.4 CITY-ST-ZIP	Birmington, AL 35244				
TITLE	VTD	⊠ DELETE	3.1 TITLE	C. Clarke Wingfield, Jr. 3000 Galleria Tower, Suite 1000				
NAME	KNIGHT, HAROLD O JR		3.2 NAME	C. Clark Wingfield Nr.				
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000		3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000				
CITY-ST-ZIP	BIRMINGHAM AL 35244		3.4. CITY-ST-ZIP	Dirmingham, AC 330:1				
πιε	VSD	DELETE	4.1 TITLE	Change Addition				
NAME	THRASHER, TRACY P		4. 2 NAME	emarta Prado				
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000		4.3 STREET ADDRESS					
CITY-ST-ZIP	BIRMINGHAM AL 35244		4.4 CITY-ST-ZIP	Plantation, FL 33324				
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME	PRADO, MARTA		5.2 NAME					
STREET ADDRESS	1200 S. PINE ISLAND ROAD SUITE 600		5.3 STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP					
mue .		DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME			6.2 NAME	1000027496917				
STREET ADDRESS			6.3 STREET ADDRESS	s 48				
ATT - 100			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, with all other like empowered.

SIGNATURE:



ACCOUNT NO. : 07210000032

REFERENCE : 106901

AUTHORIZATION

4390339

COST LIMIT : \$ 150.00

ORDER DATE: January 21, 1999

ORDER TIME : 10:29 AM

ORDER NO. : 106901-015

CUSTOMER NO: 4390339

CUSTOMER: Ms. Danielle Bayer

Medpartners, Inc. 3000 Galleria Tower

Suite 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: Christopher Smith

EXAMINER'S INITIALS:

RECEIVED

99 JAN 21 AM II: 30

DIVISION OF CORPORATION