FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # **P95000091515 (3)**

1. Corporation Name

EMSA CORRECTIONAL CARE, INC.

Principal Place of Business

1200 SOUTH PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

Mailing Address

1200 SOUTH PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

3. Date Incorporated or Qualified: **12/01/1995**

3a. Date of Last Report:

4. FEI Number: **65-0290601** — Applied For / Not Applicable

5. Certificate of Status Desired: XX — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: XX Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Suite 250**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	XX ADDED
NAME	CREED, JERE D M.D.	
STREET ADDRESS	1200 SOUTH PINE ISLAND RD., SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	☐ DELETE
NAME	FINDEISS, J. CLIFFORD M.D.	
STREET ADDRESS	1200 SOUTH PINE ISLAND RD., SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	☐ DELETE
NAME	MCCLEARY, GREGORY W JR.	
STREET ADDRESS	1200 SOUTH PINE ISLAND RD., 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

11 TITLE	V	☐ Change XX Addition
12 NAME	Castille, Robert	
13 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600	
14 CITY-ST-ZIP	Plantation, Fl. 33324	
21 TITLE	P/D	X Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	V/D	X Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	V	☐ Change XX Addition
42 NAME	Prado, Marta	
43 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600	
44 CITY-ST-ZIP	Plantation, FL 33324	
51 TITLE	V/T	☐ Change XX Addition
52 NAME	Blanford, Mary Ann	
53 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600	
54 CITY-ST-ZIP	Plantation, Fl 33324	
61 TITLE	S	☐ Change X Addition
62 NAME	Warlen, Neesa	
63 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600	
64 CITY-ST-ZIP	Plantation, Fl. 33324	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, or 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 in chronological or alphabetical order with any addition.

SIGNATURE: Mary Ann Blanford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Blanford 3/20/96 **(954)475-1300**

Date Daytime Phone #