

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

0522280

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000091515**

1. Corporation Name

**EMSA CORRECTIONAL CARE, INC.**

Principal Place of Business  
**1200 SOUTH PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324**

Mailing Address  
**3000 GALLERIA TOWER  
SUITE 1000  
BIRMINGHAM AL 35244**

FILED

**09 JAN 21 PM 1:01**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

**12/01/1995**

4. FEI Number

**65-0290601**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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

TITLE **PD** ☒ DELETE  
NAME **CRAWFORD, E. MAC**  
STREET ADDRESS **3000 GALLERIA TOWER SUITE 1000**  
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE **VTD** ☒ DELETE  
NAME **KNIGHT, HAROLD O JR**  
STREET ADDRESS **3000 GALLERIA TOWER SUITE 1000**  
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE **VSD** ☒ DELETE  
NAME **THRASHER, TRACY P**  
STREET ADDRESS **3000 GALLERIA TOWER SUITE 1000**  
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE **V** ☐ DELETE  
NAME **PRADO, MARTA**  
STREET ADDRESS **1200 S. PINE ISLAND RD., SUITE 600**  
CITY-ST-ZIP **PLANTATION FL**

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 **PTD** ☐ Change ☒ Addition  
1.2 NAME **James H. Dickerson, Jr.**  
1.3 STREET ADDRESS **3000 Galleria Tower, Suite 1000**  
1.4 CITY-ST-ZIP **Birmingham, AL 35244**

2.1 TITLE **VSD** ☐ Change ☒ Addition  
2.2 NAME **Sara J. Finley**  
2.3 STREET ADDRESS **3000 Galleria Tower, Suite 1000**  
2.4 CITY-ST-ZIP **Birmingham, AL 35244**

3.1 TITLE **V** ☐ Change ☒ Addition  
3.2 NAME **C. Clark Wingfield, Jr.**  
3.3 STREET ADDRESS **3000 Galleria Tower, Suite 1000**  
3.4 CITY-ST-ZIP **Birmingham, AL 35244**

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**JAMES H. DICKERSON, JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/20/99**

Daytime Phone #

**205/733-8996**

CR2E034 (11/98)

(2)



ACCOUNT NO. : 072100000032

REFERENCE : 106901 4390339

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 150.00

ORDER DATE : January 21, 1999

ORDER TIME : 10:27 AM

ORDER NO. : 106901-005

CUSTOMER NO: 4390339

CUSTOMER: Ms. Danielle Bayer  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMSA CORRECTIONAL CARE,  
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: \_\_\_\_\_