

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091515

1. Entity Name  
EMSA CORRECTIONAL CARE, INC.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90080 001 \*\*\*750.00

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

Mailing Address  
C/O AMERICA SERVICE CORP.  
105 WESTPARK DR., SUITE 300  
BRENTWOOD TN 37027

00201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0290601		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, GERARD F		NAME		
STREET ADDRESS	105 WEST PARK DR STE 300		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN 37027		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYASSEE, JEAN L		NAME		
STREET ADDRESS	105 WESTPARK DR STE 300		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN 37027		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAL, BRUCE A		NAME		
STREET ADDRESS	105 WEST PARK DR STE 300		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN 37027		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMEROY, LAWRENCE H		NAME		
STREET ADDRESS	105 WESTPARK DR STE 300		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN 37027		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALANO, MICHAEL		NAME		
STREET ADDRESS	105 WESTPARK DR STE 300		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN 37027		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	S. Walker Choppin	
STREET ADDRESS			STREET ADDRESS	105 Westpark Dr, Ste 300	
CITY-ST-ZIP			CITY-ST-ZIP	Brentwood, TN 37027	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)