

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

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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAY -1 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097698 (0)

1. Corporation Name  
EMSA SOUTH BROWARD, INC.



800002503868--6

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

Mailing Address  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified  
12/03/1996

2. Principal Place of Business

2a. Mailing Address

21 1200 S. Pine Island Rd

26 3000 Galleria Tower

4. FEI Number  
65-0726225

Applied For  
Not Applicable

22 Suite 600

27 Suite 1000

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

23 Ft. Lauderdale, FL

28 Birmingham, AL

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

24 Zip 33324 25 Country

29 Zip 35244 30 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	FINDEISS, CLIFFORD	
STREET ADDRESS	1200 S. PINE ISLAND RD., #600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, ERIC	
STREET ADDRESS	1200 E. PINE ISLAND RD., #600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLEARY, GEORGE W. J	
STREET ADDRESS	1200 S. PINE ISLAND RD., #600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CREED, JERE D.	
STREET ADDRESS	1200 S. PINE ISLAND RD., #60	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S. PINE ISLAND RD., #600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	POBSEE, THOMAS	
STREET ADDRESS	1200 S. PINE ISLAND RD., #600	
CITY-ST-ZIP	PLANTATION FL	

1.1 TITLE	CEO/D	<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/O	<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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	H. Lynn Massingale, MD	
4.3 STREET ADDRESS	1900 Winston Road, Suite 300	
4.4 CITY-ST-ZIP	Knoxville, TN 37919	
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 checked="" 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  
3-30-98 205-722-8996

CR2E034 (10/97)

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ACCOUNT NO. : 072100000032  
 REFERENCE : 802968 4390339  
 AUTHORIZATION : *Patricia Pizut*  
 COST LIMIT : \$ 150.00

ORDER DATE : April 30, 1998  
 ORDER TIME : 9:18 AM  
 ORDER NO. : 802968-025  
 CUSTOMER NO: 4390339  
 CUSTOMER: Ms. Becky Taber  
 Medpartners, Inc.  
 3000 Riverchase  
 Galleria Tower / Ste. 1000  
 Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMSA SOUTH BROWARD, 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  
 98 MAY -1 AM 11:21  
 DIVISION OF CORPORATION