

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
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DOCUMENT # P96000097698

1. Corporation Name
EMSA SOUTH BROWARD, INC.

Principal Place of Business
1200 SOUTH PINE ISLAND ROAD, STE 600
FT. LAUDERDALE FL 33324

Mailing Address
3000 GALLERIA TOWER
STE 1000
BIRMINGHAM AL 35244

FILED

99 JAN 25 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1200 S. PINE ISLAND ROAD		26 1200 S. PINE ISLAND ROAD		12/03/1996	
22 Suite, Apt. #, etc.		27 STE. 600		4. FEI Number	
23 City & State		28 FT. LAUDERDALE		65-0726225	
24 Zip		29 33324		5. Certificate of Status Desired	
25 Country		30 Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, MAC E	1.2 NAME	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35244	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, HAROLD O JR	2.2 NAME	JAMES H. DICHERSON, JR.
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	2.3 STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP	BIRMINGHAM AL 35244	2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35244
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THRASHER, TRACY P	3.2 NAME	SARA J. FINLEY
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	3.3 STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP	BIRMINGHAM AL 35244	3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35244
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSINGALE, LYNN M	4.2 NAME	H. LYNN MASSINGALE
STREET ADDRESS	1900 WINSTON ROAD., STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37919	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. DICHERSON, JR. 1/21/99 (265) 733-8996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)



**THE UNITED STATES
CORPORATION**
C O M P A N Y

2

ACCOUNT NO. : 072100000032
REFERENCE : 110478 4390339
AUTHORIZATION : *Patricia Pizut*
COST LIMIT : \$ 150.00

ORDER DATE : January 25, 1999
ORDER TIME : 1:46 PM
ORDER NO. : 110478-095
CUSTOMER NO: 4390339
CUSTOMER: Ms. Tina Nelson
Medpartners, Inc.
3000 Galleria Tower
Suite 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: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED
99 JAN 25 PM 2:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA