2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 30, 2007
Secretary of State

DOCUMENT# P97000108784

Entity Name: FLORIDA EM-I MEDICAL SERVICES, P.A.

Current Principal Place of Business:

1717 MAIN STREET
SUITE 5200
DALLAS, TX 75201

New Principal Place of Business:

Current Mailing Address:

1717 MAIN STREET
SUITE 5200
DALLAS, TX 75201

New Mailing Address:

FEI Number: 75-2739410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: SANGER, WILLIAM
Address: 1717 MAIN STREET, SUITE 5200
City-St-Zip: DALLAS, TX 75201

Title: PCOO (X) Delete
Name: HARVEY, DON
Address: 1717 MAIN STREET, SUITE 5200
City-St-Zip: DALLAS, TX 75201

Title: VPT (X) Delete
Name: RATTON, STEVE JR.
Address: 1717 MAIN STREET, SUITE 5200
City-St-Zip: DALLAS, TX 75201

Title: VPS (X) Delete
Name: ZIMMERMAN, TODD
Address: 1717 MAIN STREET, SUITE 5200
City-St-Zip: DALLAS, TX 75201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: BYRNE, GREGORY J M.D.
Address: 1717 MAIN STREET, SUITE 5200
City-St-Zip: DALLAS, TX 75201

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY J BYRNE, M.D. DPST 07/30/2007

Electronic Signature of Signing Officer or Director — Date