

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90089 033 ***150.00

DOCUMENT # P98000014165

1. Corporation Name

EMERGE MEDICAL MANAGEMENT SERVICES, INC.



Principal Place of Business

6965 PIONEER ROAD
WEST PALM BEACH FL 33413

Mailing Address

6965 PIONEER ROAD
WEST PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

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

2. Principal Place of Business

21 1903 S. Congress Ave.

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Boynton Beach, FL

Zip

24 33426

Country

25 Palm Beach

2a. Mailing Address

26 1903 S. Congress Ave.

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Boynton Beach, FL

Zip

29 33426

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

VASTOLA, JEFF D ESQUIRE
JEFF D. VASTOLA, P.A.
1260 SOUTH FEDERAL HWY., SUITE 201
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name E. Nicholas Davis, III
82 Street Address (P.O. Box Number is Not Acceptable)
1903 S. Congress Ave
83 Suite 400
84 City Boynton Beach FL 85 Zip Code 33426

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

E. NICHOLAS DAVIS, III

4/28/99

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 ☒ DELETE

NAME ~~COOY, JUAN~~

STREET ADDRESS ~~6965 PIONEER ROAD~~

CITY-ST-ZIP ~~WEST PALM BEACH FL 33413~~

TITLE ☒ DELETE

NAME ~~VASTOLA, DAVID~~

STREET ADDRESS ~~824 U.S. HIGHWAY ONE, SUITE 200~~

CITY-ST-ZIP ~~NORTH PALM BEACH FL 33408~~

TITLE ☒ DELETE

NAME ~~PUSATERI, DANA MR.~~

STREET ADDRESS ~~525 S.E. 6TH AVENUE, SUITE B~~

CITY-ST-ZIP ~~DELRAY BEACH FL 33483~~

TITLE ☒ DELETE

NAME ~~SANTIAGO, MARTIN DR.~~

STREET ADDRESS ~~525 S.E. 6TH AVENUE, SUITE B~~

CITY-ST-ZIP ~~DELRAY BEACH FL 33483~~

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 ~~EX. VP.~~ ☐ Change ☒ Addition

1.2 NAME E. Nicholas Davis III

1.3 STREET ADDRESS 1903 S. Congress Ave., Suite 400

1.4 CITY-ST-ZIP Boynton Beach, FL 33426

2.1 TITLE S/T ☐ Change ☒ Addition

2.2 NAME KOBRIN, ARTHUR

2.3 STREET ADDRESS 1903 S. Congress Ave #400

2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33426

3.1 TITLE ~~DIRECTOR~~ ☐ Change ☐ Addition

3.2 NAME ~~PUSATERI, DANA J.~~

3.3 STREET ADDRESS ~~1903 S. Congress Ave #400~~

3.4 CITY-ST-ZIP ~~BOYNTON BEACH, FL 33426~~

4.1 TITLE ~~DIRECTOR~~ ☐ Change ☒ Addition

4.2 NAME ~~PERSHES, PAUL C~~

4.3 STREET ADDRESS ~~1903 S. Congress Ave #400~~

4.4 CITY-ST-ZIP ~~BOYNTON BEACH, FL 33426~~

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 (561) 737-2227

CR2E034 (11/93)