

2000 UNIFORM BUSINESS REPORT (UBR)

031844

DOCUMENT # S20429

1. Entity Name *

LOUISIANA EMERGENCY MEDICAL CONSULTANTS, INC.

FILED

00 APR 26 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~1200 S. PINE ISLAND ROAD~~

~~1200 S. PINE ISLAND ROAD~~

~~SUITE 600~~

~~SUITE 600~~

~~FT. LAUDERDALE FL 33324~~

~~FT. LAUDERDALE FL 33324-4485~~

~~US~~

~~US~~

2. Principal Place of Business

14050 NW 14th St

3. Mailing Address

14050 NW 14th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 190

Suite 190

City & State

City & State

Zip 33323

Country

Zip 33323

Country

4. FEI Number

65-0232505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
SUITE 250
PLANTATION FL 33324

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee,

FL

Zip Code 32301

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

Lana R. P...

4-26-00

Signature, typed or printed name of registered agent and title if applicable

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MASSINGALE, H. LYNN M.D. | |
| STREET ADDRESS | 3000 GALLERIA TOWER, SUITE 1000 | |
| CITY-ST-ZIP | BIRMINGHAM AL 35244 | |
| TITLE | DVPT | <input checked="" type="checkbox"/> Delete |
| NAME | DICKERSON, JAMES H JR. | |
| STREET ADDRESS | 3000 GALLERIA TOWER, SUITE 1000 | |
| CITY-ST-ZIP | BIRMINGHAM AL 35244 | |
| TITLE | DVPS | <input checked="" type="checkbox"/> Delete |
| NAME | FINLEY, SARA J | |
| STREET ADDRESS | 3000 GALLERIA TOWER, SUITE 1000 | |
| CITY-ST-ZIP | BIRMINGHAM AL 35244 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|------------------------------------------------------------------------------|
| TITLE | P/S/T/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MICHAEL KOTLER | |
| STREET ADDRESS | 14050 NW 14th Street, Suite 190 | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33323 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)