

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 JUL 27 PM 5:07

DOCUMENT # V28674 (2)  
1. Corporation Name  
EMSA GULF COAST, INC.

SECRET OF STATE  
TALLAHASSEE, FLORIDA  
700002599987--4



Principal Place of Business  
1200 S. PINE ISLAND RD.  
SUITE 600  
PLANTATION FL 33324  
US

Mailing Address  
1200 S. PINE ISLAND RD.  
SUITE 600  
PLANTATION FL 33324  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 3000 Galleria Tower		04/15/1992	
22 City & State		27 Suite 1000		4. FEI Number	
23 Zip		28 Birmingham, AL		65-0330404	
24 Country		29 33244		Applied For	
		30 Country		Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD SUITE 250 PLANTATION FL 33324				81 Name Corporation Service Company			
				82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
				83			
				84 City Tallahassee FL 85 Zip Code 32301			

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 approved by the board of directors. I hereby accept the appointment as registered agent. *Karen B. Rozar*  
Signature: *Karen B. Rozar* Asst. Sec. Corporation Service Company 7/27/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AS	DELETE	1.1 TITLE	O/V/T	Change	Addition	
NAME	MCCLEARY, GEORGE W. JR.		1.2 NAME	James H. Dickerson, Jr.			
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600		1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000			
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	Birmingham, AL 35244			
TITLE	PD	DELETE	2.1 TITLE	O/V/S	Change	Addition	
NAME	SLEVINSKI, RICHARD		2.2 NAME	Tracy P. Thrasher			
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600		2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000			
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	Birmingham, AL 35244			
TITLE	VD	DELETE	3.1 TITLE	P	Change	Addition	
NAME	FINDEISS, J CLIFFORD		3.2 NAME	H. Lynn Massingale, MD			
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600		3.3 STREET ADDRESS	1900 Winston Road, Suite 300			
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP	Knoxville, TN 37919			
TITLE	ST	DELETE	4.1 TITLE		Change	Addition	
NAME	CREED, JERE		4.2 NAME				
STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 600		4.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP				
TITLE	AS	DELETE	5.1 TITLE		Change	Addition	
NAME	BLANFORD, MARY ANN		5.2 NAME				
STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 500		5.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	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.

SIGNATURE: *Tracy P. Thrasher*  
VPA Secretary 7/21/98 205-733-8996

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 903532 4390339

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 550.00

ORDER DATE : July 24, 1998

ORDER TIME : 2:31 PM

ORDER NO. : 903532

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber  
Medpartners, Inc.  
3000 Riverchase  
Galleria Tower / Ste. 1000  
Birmingham, AL 35244

CHANGE OF AGENT

NAME: EMSA GULF COAST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Janice Vanderslice

93 JUL 27 PM 4:03  
DIVISION OF CONSUMER PROTECTION