

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

DOCUMENT # V28674

1. Corporation Name
EMSA GULF COAST, INC.

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

Mailing Address
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244

FILED

99 JAN 25 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1992

4. FEI Number

65-0330404

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1200 S. PINE ISLAND ROAD

22 City & State

27 SUITE 600

23 Zip

Country

28 PLANTATION, FL

Zip

29 33324

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVT
NAME DICKERSON, JAMES H JR
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DVS
NAME THRASHER, TRACY P
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

☒ DELETE

2.1 TITLE DVS
2.2 NAME SARA J. FINLEY
2.3 STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
2.4 CITY-ST-ZIP BIRMINGHAM, AL 35244

☐ Change

☒ Addition

TITLE P
NAME MASSINGALE, H. LYNN
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

RECEIVED H. DICKERSON, JR.

1/22/99

205/933-8996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

052231

CR2E034 (1/98)



ACCOUNT NO. : 072100000032

REFERENCE : 110478 4390339

AUTHORIZATION : *Patricia Kizub*

COST LIMIT : \$ 150.00

ORDER DATE : January 25, 1999

ORDER TIME : 12:03 PM

ORDER NO. : 110478-050

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson
Medpartners, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: EMSA GULF COAST, 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: _____
DIVISION OF CORPORATION

99 JAN 25 PM 1:40

RECEIVED

②