FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10: 52

DOCUMENT # **V60243** **(5)**

1. Corporation Name

EMERGENCY MEDICAL SERVICES ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1200 S. PINE ISLAND RD. 600 FT. LAUDEDALE FL 33324 US	1200 S. PINE ISLAND RD. PLANTATION FL 33317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1992**
3a. Date of Last Report: **03/23/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1547976** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: **SUITE 600**
Suite, Apt. #, etc. — 27: **SUITE 600**
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24; Country — 25
Zip — 29: **33324**; Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FINDEISS, J. CLIFFORD MD	12 NAME	
STREET ADDRESS	1200 SOUTH PINE ISLAND RD., STE.600	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	CREED, JERE D. MD.	22 NAME	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD STE. 600	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	PRINCIPE, NEIL J. MD	32 NAME	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, STE.600	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	LUCAS, DANIEL E. MD	42 NAME	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, STE.600	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	DAVISON, WILLIAM A. MD	52 NAME	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, STE. 600	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	BLANFORD, MARY ANN	62 NAME	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, STE.600	63 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 1-26-95 (305)475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
J. CLIFFORD FINDEISS

0232002 CP

V602-43

EMERGENCY MEDICAL SERVICES ASSOCIATES, INC.

OFFICERS:

TITLE	NAME	BUSINESS ADDRESS	RESIDENCE ADDRESS
President	J. Clifford Findeiss, M.D.	1200 S. Pine Island Road, Suite 600 Fort Lauderdale, FL 33324-4460	1200 S. Pine Island Road, #600 Fort Lauderdale, FL 33324-4460
Vice President	Jere D. Creed, M.D.	1200 S. Pine Island Road, Suite 600 Fort Lauderdale, FL 33324-4460	1200 S. Pine Island Road, #600 Fort Lauderdale, FL 33324-4460
Vice President	Neil J. Principe, M.D.	1200 S. Pine Island Road, Suite 600 Fort Lauderdale, FL 33324-4460	1200 S. Pine Island Road, #600 Fort Lauderdale, FL 33324-4460
Vice President Treasurer	Victor J. Weinstein, M.D.	1200 S. Pine Island Road, Suite 600 Fort Lauderdale, FL 33324-4460	1200 S. Pine Island Road, #600 Fort Lauderdale, FL 33324-4460
Vice President	William A. Davison, M.D.	1200 S. Pine Island Road, Suite 600 Fort Lauderdale, FL 33324-4460	1200 S. Pine Island Road, #600 Fort Lauderdale, FL 33324-4460
Executive Vice President	George W. McCleary, Jr.	1200 S. Pine Island Road, Suite 600 Fort Lauderdale, FL 33324-4460	1200 S. Pine Island Road, #600 Fort Lauderdale, FL 33324-4460
Vice President	Mary Ann Blanford	1200 S. Pine Island Road, Suite 600 Fort Lauderdale, FL 33324-4460	1200 S. Pine Island Road, #600 Fort Lauderdale, FL 33324-4460

DIRECTORS:

NAME	BUSINESS ADDRESS	RESIDENCE ADDRESS
J. Clifford Findeiss, M.D.	1200 S. Pine Island Road, Suite 600 Fort Lauderdale, FL 33324-4460	1200 S. Pine Island Road, #600 Fort Lauderdale, FL 33324-4460
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