

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # **V60243** (5)
1. Corporation Name
EMERGENCY MEDICAL SERVICES ASSOCIATES, INC.



Principal Place of Business 1200 S. PINE ISLAND RD. STE 600 FT. LAUDEDALE FL 33324 US		Mailing Address 1200 S. PINE ISLAND RD. STE 600 PLANTATION FL 33324 US		3. Date Incorporated or Qualified 08/26/1992		3a. Date of Last Report 04/07/1995	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1547976		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 24		Country 25		Zip 29		Country 30	
g. 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) 1200 S. Pine Island Road			
				83 Suite 250			
				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 _____ <small>Signature, typed or printed name of registered agent and date of appointment. (Multiple Registered Agent Signatures reported when re-registering)</small>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P FINDEISS, J. CLIFFORD MD 1200 SOUTH PINE ISLAND RD., STE.600 FT. LAUDERDALE FL				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P/D Erie Chapman 1200 South Pine Island Road Ste 600 Ft. Lauderdale, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP CREED, JERE D. MD. 1200 SOUTH PINE ISLAND ROAD STE. 600 FT. LAUDERDALE FL				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP V/D McCleary, George, W. Jr. 1200 S. Pine Island Rd., Suite 600 Ft.Lauderdale, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP PRINCIPE, NEIL J. MD 1200 SOUTH PINE ISLAND ROAD, STE.600 FT. LAUDERDALE FL				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP S Peck, David C. 1200 S. Pine Island Rd., Suite 600 Ft. Lauderdale, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP LUCAS, DANIEL E. MD 1200 SOUTH PINE ISLAND ROAD, STE.600 FT. LAUDERDALE FL				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP S Warlen, Neesa 1200 S. Pine Island Rd. Suite 600 Ft. Lauderdale, FL.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP DAVISON, WILLIAM A. MD 1200 SOUTH PINE ISLAND ROAD, STE. 600 FT. LAUDERDALE FL				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP S V/T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP BLANFORD, MARY ANN 1200 SOUTH PINE ISLAND ROAD, STE.600 FT. LAUDERDALE FL				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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)(k), 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:

Mary Ann Blanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Blanford

4/4/96

(954)475-1300

Date

Daytime Phone #

CR2E034 (12/95)