



# F016000006321

ACCOUNT NO. : 072100000032

REFERENCE : 584642 89298A

AUTHORIZATION :

COST LIMIT : \$ 70.00

FILED  
DEC 12 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
*Patricia Knight*

ORDER DATE : December 5, 2001

ORDER TIME : 10:28 AM

ORDER NO. : 584642-010

CUSTOMER NO: 89298A

600004720466--8

CUSTOMER: Ms. Robyn D. Bakalar  
Emcare, Inc.  
1717 Main Street  
Suite 5200  
Dallas, TX 75201

## FOREIGN FILINGS

NAME: PROVIDER ACCOUNT MANAGEMENT,  
INC.

XXXX QUALIFICATION (TYPE: CO)

*6*

RECEIVED  
01 DEC 12 AM 11:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Janna Wilson -- EXT# 1155

EXAMINER: \_\_\_\_\_

## TRANSMITTAL LETTER

FILED  
01 DEC 12 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Provider Account Management, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robyn Bakalar

(Name of Person)

EmCare, Inc.

(Firm/Company)

1717 Main St., Ste 5200

(Address)

Dallas, Tx 75201

(City/State and Zip code)

For further information concerning this matter, please call:

Robyn Bakalar

(Name of Person)

at (214) 712-2000

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Provider Account Management, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION", words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 75-2964700  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 09, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  
c/o Robyn Bakalar, Suite 5200, 1717 Main Street  
7. Dallas, TX 75201  
(Principal office address)

(Current mailing address)

- to provide account assistance to various corporate entities and to engage in any act or activity for which corporations may be organized To engage in  
8. any act or activity for which corporations may be organized.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Bellinda S. Antu, Asst. W.P.  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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01 DEC 12 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robyn Bakalar  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robyn Bakalar, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

## OFFICERS/DIRECTORS RIDER

FL-Application by Foreign Corporation for Authorization

Provider Account Management, Inc.

### List of Officers

<b>Name:</b>	William A. Sanger	<b>Title:</b>	President
<b>Bus. Addr.:</b>	1717 Main Street, Ste 5200, Dallas, TX 75201		
<b>Name:</b>	Jay Taylor	<b>Title:</b>	Executive Vice President
<b>Bus. Addr.:</b>	1717 Main Street, Ste 5200, Dallas, TX 75201		
<b>Name:</b>	Donald Harvey	<b>Title:</b>	Secretary
<b>Bus. Addr.:</b>	1717 Main Street, Ste 5200, Dallas, TX 75201		
<b>Name:</b>	Todd Zimmerman	<b>Title:</b>	Vice President
<b>Bus. Addr.:</b>	1717 Main Street, Ste 5200, Dallas, TX 75201		
<b>Name:</b>	Robyn Bakalar	<b>Title:</b>	Assistant Secretary
<b>Bus. Addr.:</b>	1717 Main Street, Ste 5200, Dallas, TX 75201		
<b>Name:</b>	Randel Owen	<b>Title:</b>	Treasurer
<b>Bus. Addr.:</b>	1717 Main Street, Ste 5200, Dallas, TX 75201		
<b>Name:</b>	Susan Whittaker	<b>Title:</b>	Assistant Secretary
<b>Bus. Addr.:</b>	1717 Main Street, Ste 5200, Dallas, TX 75201		
<b>Name:</b>	Randel Owen	<b>Title:</b>	Vice President
<b>Bus. Addr.:</b>	1717 Main Street, Ste 5200, Dallas, TX 75201		

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TALLAHASSEE, FLORIDA

### List of Directors

<b>Name:</b>	Martha Hesse	<b>Term:</b>	Jan 01, 2004
<b>Bus. Addr.:</b>	1717 Main Street, Ste 5200, Dallas, TX 75201		

State of Delaware

PAGE 1.

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVIDER ACCOUNT MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3455313 8300

AUTHENTICATION: 1491520

010628671

DATE: 12-10-01