

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007938

**Entity Name:** HCA-EMCARE HOLDINGS, LLC

**Current Principal Place of Business:**

6200 S. SYRACUSE WAY  
SUITE 200  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

6200 S. SYRACUSE WAY  
SUITE 200  
GREENWOOD VILLAGE, CO 80111

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MEMBER	Title	MEMBER
Name	EMCARE, INC.	Name	HCA-EMS HOLDINGS, LLC
Address	6200 S. SYRACUSE WAY, SUITE 200	Address	6200 S. SYRACUSE WAY SUITE 200
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRAIG A WILSON

**SECRETARY**

**04/22/2015**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date