2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007938

Entity Name: HCA-EMCARE HOLDINGS, LLC

Current Principal Place of Business:

7700 W. SUNRISE BLVD.
PLANTATION, FL 33322

Current Mailing Address:

7700 W. SUNRISE BLVD.
PLANTATION, FL 33322 US

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:

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Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER, COO
Name	MARKS, DAVID	Name	SMITH, M.D., DOUGLAS
Address	7700 W. SUNRISE BLVD.	Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

Title	MANAGER	Title	MANAGER
Name	RECHTIN, M.D., JIM	Name	FOSTER, JON M
Address	7700 W. SUNRISE BLVD.	Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

Title	MANAGER	Title	MANAGER
Name	CUFFEE, M.D, MICHAEL S	Name	LAVERTY, JOHN
Address	7700 W. SUNRISE BLVD.	Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

Title	AUTHORIZED PERSON
Name	PAGE, JUSTIN
Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322

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: JUSTIN PAGE   AUTHORIZED PERSON   04/27/2021

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Electronic Signature of Signing Authorized Person(s) Detail   Date