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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601918

1. Corporation Name
EMCARE OF FLORIDA, INC.

Principal Place of Business
1421 COURT STREET, STE. A
P.O. BOX 6230
CLEARWATER FL 34616
US

Mailing Address
1421 COURT STREET, STE. A
P.O. BOX 6230
CLEARWATER FL 34616
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1970

4. FEI Number

59-1317432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 1717 MAIN ST.

27 Suite, Apt. #, etc.

28 SUITE 5200

City & State

28 DALLAS TX

Zip

29 75201

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BELL JOHN
STREET ADDRESS 1421 COURT ST., STE. A
CITY-ST-ZIP CLEARWATER FL

TITLE ST ☐ DELETE

NAME MILLER, WILLIAM F III
STREET ADDRESS 1717 MAIN ST, 5200
CITY-ST-ZIP DALLAS TX

TITLE D ☐ DELETE

NAME RIGGS, LEONARD M JR
STREET ADDRESS 1717 MAIN ST, 5200
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME SCOTT ROLOFF
1.3 STREET ADDRESS 1717 MAIN ST, STE 5200
1.4 CITY-ST-ZIP DALLAS TX 75201

2.1 TITLE AS ☐ Change ☒ Addition

2.2 NAME PAULETTE LOCKWOOD
2.3 STREET ADDRESS 1717 MAIN ST, STE 5200
2.4 CITY-ST-ZIP DALLAS TX 75201

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Paullette Lockwood, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 (214) 712-2000
Date Daytime Phone #

CR2E034 (11/98)