

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601918

1. Entity Name

EMCARE OF FLORIDA, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90012 007 ***150.00

Principal Place of Business

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

Mailing Address

1717 MAIN ST
SUITE 5200
DALLAS TX 75201-7365
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1317432

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROLOFF, SCOTT	
STREET ADDRESS	1717 MAIN ST, STE 5200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LOCKWOOD, PAULETTE	
STREET ADDRESS	1717 MAIN ST, STE 5200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGGS, LEONARD M JR	
STREET ADDRESS	1717 MAIN ST, 5200	
CITY-ST-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Zimmerman	
STREET ADDRESS	1717 Main St Ste 5200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robyn Bakalar	
STREET ADDRESS	1717 Main St Ste 5200	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W Bell, M.D.	
STREET ADDRESS	1717 Main St Ste 5200	
CITY-ST-ZIP	Dallas TX 75201	
TITLE	Executive VP/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David W. Singley Jr	
STREET ADDRESS	1717 Main St Ste 5200	
CITY-ST-ZIP	Dallas TX 75201	
TITLE	Exec VP/Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. Kent Fannon	
STREET ADDRESS	1717 Main St Ste 5200	
CITY-ST-ZIP	Dallas, TX 75201	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kent Fannon 1/10/00 214-712-2086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #