

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT -2 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004620469--0
-10/09/01--01021--023
****900.00 ****900.00

REINSTATEMENT 01

DOCUMENT # 601918

1. Corporation Name

EmCare of Florida, Inc.

2. Principal Office Address

18167 U.S. Hwy 19 N.

Suite, Apt. #, etc.

285

City & State

Clearwater, FL

Zip

33764

Country

U.S.

3. Mailing Office Address

1717 Main St

Suite, Apt. #, etc.

5200

City & State

Dallas, TX

Zip

75201

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/30/1970

5. FEI Number

59-1317432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN

Date 10/2/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	William A. Sanger	1717 Main St Ste 5200	Dallas, TX 75201
S	Don S. Harvey	1717 Main St Ste 5200	Dallas, TX 75201
IP/T	Randy Owen	1717 Main St Ste 5200	Dallas, TX 75201
VP	Todd Zimmerman	1717 Main St Ste 5200	Dallas, TX 75201
AS	Robyn Bakalar	1717 Main St Ste 5200	Dallas, TX 75201
D	Martha O. Hesse	1717 Main St Ste 5200	Dallas, TX 75201 MW

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Owen

Date

09/28/01

Daytime Phone #

214-712-2000

CR2E081 (9/00)



ACCOUNT NO. : 072100000032

REFERENCE : 733994 89298A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 750.00

ORDER DATE : October 2, 2001

ORDER TIME : 1:26 PM

ORDER NO. : 733994-005

CUSTOMER NO: 89298A

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

RECEIVED
01 OCT -2 PM 2:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: EMCARE OF FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder EXT. 1118

EXAMINER'S INITIALS _____