2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 03, 2003
Secretary of State

DOCUMENT# 601918

Entity Name: EMCARE OF FLORIDA, INC.

Current Principal Place of Business:

18167 U.S HWY 19 N.
#285
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

1717 MAIN ST
SUITE 5200
DALLAS, TX 75201 US

New Mailing Address:

FEI Number: 59-1317432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANGER, WILLIAM A
Address: 1717 MAIN ST, STE 5200
City-St-Zip: DALLAS, TX 75201

Title: S ( ) Delete
Name: HARVEY, DON S
Address: 1717 MAIN ST, STE 5200
City-St-Zip: DALLAS, TX 75201

Title: VPT ( ) Delete
Name: OWEN, RANDY
Address: 1717 MAIN ST, 5200
City-St-Zip: DALLAS, TX 75201

Title: VP ( ) Delete
Name: ZIMMERMAN, TODD
Address: 1717 MAIN ST STE 5200
City-St-Zip: DALLAS, TX 75201

Title: AS ( ) Delete
Name: BAKALAR, ROBYN
Address: 1717 MAIN ST STE 5200
City-St-Zip: DALLAS, TX 75201

Title: D ( ) Delete
Name: HESSE, MARTHA O
Address: 1717 MAIN ST STE 5200
City-St-Zip: DALLAS, TX 75201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY OWEN VPT 01/03/2003

Electronic Signature of Signing Officer or Director Date