

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004231 (7)

1. Corporation Name
EMCARE, INC.



Principal Place of Business
**1717 MAIN STREET, SUITE 5200
DALLAS TX 75201**

Mailing Address
**1717 MAIN STREET, SUITE 5200
DALLAS TX 75201-7365**

3. Date Incorporated or Qualified **09/15/1993** 3a. Date of Last Report **02/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **75-1732351** Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature of registered agent, or registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, LEONARD M JR. MD	1.2 NAME	
STREET ADDRESS	1717 MAIN STREET, SUITE 5200	1.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	1.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIAM F III	2.2 NAME	
STREET ADDRESS	1717 MAIN STREET, SUITE 5200	2.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX 75201	2.4 CITY- ST- ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAGE, GARY W.	3.2 NAME	
STREET ADDRESS	1717 MAIN ST., SUITE 5200	3.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAX TX	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: **4/15/97 (214) 712-2000**
SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)