


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90060 014 ***150.00

0642226

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004231
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-1732351	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	RIGGS, LEONARD M JR. MD	
STREET ADDRESS	1717 MAIN STREET, SUITE 5200	
CITY-ST-ZIP	DALLAS TX	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MILLER, WILLIAM F III	
STREET ADDRESS	1717 MAIN STREET, SUITE 5200	
CITY-ST-ZIP	DALLAS TX 75201	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID W. SINGLEY JR	
3.3 STREET ADDRESS	1717 MAIN ST STE 5200	
3.4 CITY-ST-ZIP	DALLAS TX 75201	
4.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCOTT R. ROLOFF	
4.3 STREET ADDRESS	1717 MAIN ST, STE 5200	
4.4 CITY-ST-ZIP	DALLAS TX 75201	
5.1 TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANDREW G. BUCK	
5.3 STREET ADDRESS	1717 MAIN ST, STE 5200	
5.4 CITY-ST-ZIP	DALLAS TX 75201	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SUSAN WHITAKER	
6.3 STREET ADDRESS	669 AIRPORT HWY STE 400	
6.4 CITY-ST-ZIP	MURKIN TX 76053	

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: Scott W. Roloff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

Officers/Directors
Effective 5/1/98

#

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Secretary of State

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<u>Name/SS#</u>	<u>Position</u>	
Leonard M. Riggs, Jr., M.D. 462-68-7264	Chairman of Board, Chief Executive Officer & Director	Dallas, TX 75201
William F. Miller, III 162-40-9446	President & Director	1717 Main Street, Suite 5200 Dallas, TX 75201
David W. Singley, Jr. 080-44-4391	Executive Vice President & Chief Operating Officer	1717 Main Street, Suite 5200 Dallas, TX 75201
Scott W. Roloff 392-72-6404	Senior Vice President and Secretary	1717 Main Street, Suite 5200 Dallas, TX 75201
Andrew G. Buck 454-43-1718	Vice President and Treasurer	1717 Main Street, Suite 5200 Dallas, TX 75201
Susan A. Whittaker	Assistant Secretary	669 Airport Freeway Suite 400 Hurst, TX 76053
S. Kent Fannon	Senior Vice President	1717 Main Street, Suite 5200 Dallas, TX 75201