

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-04-2000 90012 037 ***150.00

DOCUMENT # F93000004231

1. Entity Name

EMCARE, INC.

Principal Place of Business

Mailing Address

1717 MAIN STREET, SUITE 5200
 DALLAS TX 75201

1717 MAIN STREET, SUITE 5200
 DALLAS TX 75201-7365

00012614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-1732351

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 Delete
 NAME **CD**
 STREET ADDRESS **RIGGS, LEONARD M JR. MD**
 CITY-ST-ZIP **1717 MAIN STREET, SUITE 5200**
DALLAS TX

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP**
 STREET ADDRESS **MILLER, WILLIAM F III**
 CITY-ST-ZIP **1717 MAIN STREET, SUITE 5200**
DALLAS TX 75201

TITLE Change Addition
 NAME **Exec VP / Secretary / Treasurer**
 STREET ADDRESS **S. Kent Fannon**
 CITY-ST-ZIP **1717 Main St. Ste 5200**
Dallas TX 75201

TITLE Delete
 NAME **VP**
 STREET ADDRESS **SINGLEY, DAVID W JR**
 CITY-ST-ZIP **1717 MAIN ST. STE 5200**
DALLAS TX 75201

TITLE Change Addition
 NAME **President**
 STREET ADDRESS **David Singley**
 CITY-ST-ZIP

TITLE Delete
 NAME **VPS**
 STREET ADDRESS **ROLOFF, SCOTT**
 CITY-ST-ZIP **1717 MAIN ST. STE 5200**
DALLAS TX 75201

TITLE Change Addition
 NAME **Vice President**
 STREET ADDRESS **Todd Zimmerman**
 CITY-ST-ZIP **1717 Main St Ste 5200**
Dallas, TX 75201

TITLE Delete
 NAME **VDT**
 STREET ADDRESS **BUCK, ANDREW G**
 CITY-ST-ZIP **1717 MAIN ST. STE 5200**
DALLAS TX 75-2014

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AS**
 STREET ADDRESS **WHITAKER, SUSAN**
 CITY-ST-ZIP **669 AIRPORT HWY STE 400**
HURST TX 76053

TITLE Change Addition
 NAME **Assistant Secretary**
 STREET ADDRESS **Robyn Bakalar**
 CITY-ST-ZIP **1717 Main St Ste 5200**
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: *S. Kent Fannon* **S. Kent Fannon** 1/10/00 214-712-2086
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/99)