

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

01 OCT 24 PM 1:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



**REINSTATEMENT**

2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/15/1993	
City & State		City & State		5. FEI Number	
Zip		Country		75-1732351	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD D	<del>RIGGS, LEONARD M JR. MD</del> Martha O. Hesse	1717 MAIN STREET, SUITE 5200	DALLAS TX 75201
VPST VP/T	<del>FANNON, KENT S</del> Randy Owen	1717 MAIN STREET, SUITE 5200	DALLAS TX 75201
P	<del>SINGLEY, DAVID W JR</del> William A. Sanger	1717 MAIN ST. STE 5200	DALLAS TX 75201
VP	ZIMMERMAN, TODD	1717 MAIN ST. STE 5200	DALLAS TX 75201
AS	BAKALAR, ROBYN	1717 MAIN ST STE 5200	DALLAS TX 75201
S	Don S. Harvey	1717 Main St Ste 5200	Dallas TX 75201

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State / Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Brian Courtney* **BRIAN COURTNEY, ASST. V.P.**  
 REGISTERED AGENT MUST SIGN  
 Date: 10-24-01

11. 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: *Don S. Harvey* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 10/22/01  
 Daytime Phone #: 214-712-2000

CF2ED40 (8/01)