

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000004231

FILED
Jan 06, 2003
Secretary of State

Entity Name: EMCARE, INC.

Current Principal Place of Business:

1717 MAIN STREET, SUITE 5200
DALLAS, TX 75201

New Principal Place of Business:

Current Mailing Address:

1717 MAIN STREET, SUITE 5200
DALLAS, TX 75201

New Mailing Address:

FEI Number: 75-1732351

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: D () Delete
Name: HESSE, MARTH O
Address: 1717 MAIN STREET, SUITE 5200
City-St-Zip: DALLAS, TX 75201

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

Title: P () Delete
Name: SANGER, WILLIAM A
Address: 1717 MAIN ST. STE 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: S () Delete
Name: HARVEY, DON S
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

01/06/2003

Electronic Signature of Signing Officer or Director

_____ Date