

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006166

FILED
Apr 18, 2011
Secretary of State

Entity Name: EMCARE PHYSICIAN SERVICES, INC.

Current Principal Place of Business:

6200 S SYRACUSE WAY, MS110
SUITE 200
GREENWOOD VILLAGE, CO 80111 US

New Principal Place of Business:

Current Mailing Address:

6200 S SYRACUSE WAY, MS110
SUITE 200
GREENWOOD VILLAGE, CO 80111 US

New Mailing Address:

FEI Number: 51-0345538

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 323012525 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

OFFICERS AND DIRECTORS:

Title: DC
Name: SANGER, WILLIAM
Address: 6200 S SYRACUSE WAY, SUITE 200, MS110
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: PS
Name: ZIMMERMAN, TODD G
Address: 6200 S SYRACUSE WAY, SUITE 200, MS110
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: EVPT
Name: RATTON, STEVE JR.
Address: 6200 S SYRACUSE WAY, SUITE 200, MS110
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: ASEC
Name: JOHNSON, BENJAMIN
Address: 6200 S SYRACUSE WAY, SUITE 200, MS110
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: CEO
Name: OWEN, RANDY
Address: 6200 S SYRACUSE WAY, SUITE 200, MS110
City-St-Zip: GREENWOOD VILLAGE, CO 80111

I hereby 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 all other like empowered.

SIGNATURE: TODD G. ZIMMERMAN

PS

04/18/2011

Electronic Signature of Signing Officer or Director

Date