

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002672

FILED
Apr 19, 2012
Secretary of State

Entity Name: AMERICAN MEDICAL RESPONSE MANAGEMENT, INC.

Current Principal Place of Business:

6200 S. SYRACUSE WAY, MS600
SUITE 200
GREENWOOD VILLAGE, CO 80111 US

New Principal Place of Business:

Current Mailing Address:

6200 S. SYRACUSE WAY, MS600
SUITE 200
GREENWOOD VILLAGE, CO 80111 US

New Mailing Address:

FEI Number: 84-1351841

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: DPRE
Name: SANGER, WILLIAM A
Address: 6200 S. SYRACUSE WAY, SUITE 200, MS600
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: EVPT
Name: RATTON, STEVE W JR.
Address: 6200 S. SYRACUSE WAY, SUITE 200, MS600
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: ASEC
Name: JOHNSON, BENJAMIN
Address: 6200 S. SYRACUSE WAY, SUITE 200, MS600
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: EVPS
Name: ZIMMERMAN, TODD G
Address: 6200 S. SYRACUSE WAY, SUITE 200, MS600
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

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

EVPS

04/19/2012

Electronic Signature of Signing Officer or Director

Date