

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P38132

FILED
Aug 03, 2007
Secretary of State

Entity Name: SEMINOLE COUNTY AMBULANCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 33-0506811 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

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: LATORRACA, ROBERT
Address: 6200 S. SYRACUSE WAY #200
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: VPAS () Delete
Name: MACLEOD, DOUGLAS
Address: 6200 S. SYRACUSE WAY #200
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: VPAS () Delete
Name: DELUISE, ANTHONY M
Address: 6200 S. SYRACUSE WAY #200
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: VPST () Delete
Name: OWEN, RANDEL G
Address: 6200 S. SYRACUSE WAY #200
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: D () Delete
Name: SANGER, WILLIAM A
Address: 6200 S. SYRACUSE WAY #200
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: AS () Delete
Name: JOHNSON, BEN
Address: 6200 S. SYRACUSE WAY #200
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: HARVEY, DON S
Address: 6200 S. SYRACUSE WAY #200
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: ZIMMERMAN, TODD
Address: 6200 S. SYRACUSE WAY #200
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

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 exemption stated in Chapter 119, 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: RANDEL G. OWEN

VPST

08/03/2007

Electronic Signature of Signing Officer or Director

Date