FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90602 003 ***158.75

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DOCUMENT # P38132

1. Entity Name

Seminole County Ambulance, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6200 S. Syracuse Way	6200 S. Syracuse Way
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Greenwood Village, Colorado	City & State: Greenwood Village, Colorado
Zip: 80111 Country: US	Zip: 80111 Country: US

4. FEI Number 33-0506811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City: Plantation FL Zip Code: 33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D	William Sanger 6200 S. Syracuse Way, #200 Greenwood Village, Colorado 80111
P	William Pahl 6200 S. Syracuse Way, #200 Greenwood Village, Colorado 80111
V/T/AS	Edward Zdobinski 6200 S. Syracuse Way, #200 Greenwood Village, Colorado 80111
V/S	Robert Garner 7255 NW 19th Street Miami, Florida 33126
V/AS	Lori A.E. Evans 3221 N. Service Road Burlington, ON Canada L7R3Y8
AS	Susan Whittaker 600 Six Flags Drive, #300 Arlington, Texas 76011

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Lori A.E. Evans 1/9/03 303-495-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #