

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184996

Entity Name: RANDLE EASTERN AMBULANCE SERVICE, INC.**Current Principal Place of Business:**6200 S. SYRACUSE WAY
SUITE 200
GREENWOOD VILLAGE, CO 80111**Current Mailing Address:**6200 S. SYRACUSE WAY
SUITE 200
GREENWOOD VILLAGE, CO 80111 US**FEI Number:** 59-0737717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	DCEO
Name	SANGER, WILLIAM A
Address	6200 S. SYRACUSE WAY, SUITE 200, MS600
City-State-Zip:	GREENWOOD VILLAGE CO 80111

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

Title	EVP
Name	OWEN, RANDEL G
Address	6200 S. SYRACUSE WAY, SUITE 200, MS600
City-State-Zip:	GREENWOOD VILLAGE CO 80111

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

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

Title	SECRETARY
Name	WILSON, CRAIG A
Address	6200 S. SYRACUSE WAY, MS600 SUITE 200
City-State-Zip:	GREENWOOD VILLAGE CO 80111

Title	PRESIDENT
Name	VAN HORNE, EDWARD
Address	6200 S. SYRACUSE WAY SUITE 200
City-State-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: CRAIG A WILSON**SECRETARY****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date