## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 184996** 

Entity Name: RANDLE EASTERN AMBULANCE SERVICE, INC.

FILED
Apr 28, 2014
Secretary of State
CC5885998988

## **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

Officer/Director Detail:

Title DCEO Title EVP

Name SANGER, WILLIAM A Name ZIMMERMAN, TODD G

Address 6200 S. SYRACUSE WAY, SUITE 200, Address 6200 S. SYRACUSE WAY, SUITE 200,

MS600 MS600

City-State-Zip: GREENWOOD VILLAGE CO 80111 City-State-Zip: GREENWOOD VILLAGE CO 80111

Title EVP Title ASEC

Name OWEN, RANDEL G Name JOHNSON, BENJAMIN

Address 6200 S. SYRACUSE WAY, SUITE 200, Address 6200 S. SYRACUSE WAY, SUITE 200,

MS600 MS600

City-State-Zip: GREENWOOD VILLAGE CO 80111 City-State-Zip: GREENWOOD VILLAGE CO 80111

TitleEVPTTitleSECRETARYNameRATTON, STEVE WJR.NameWILSON, CRAIG A

Address 6200 S. SYRACUSE WAY, SUITE 200, Address 6200 S. SYRACUSE WAY, MS600

MS600 SUITE 200

City-State-Zip: GREENWOOD VILLAGE CO 80111 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 04/28/2014

Date