

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004231

Entity Name: EMCARE, 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: 75-1732351

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, MS110
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title EVPT
Name RATTON, STEVE JR.
Address 6200 S SYRACUSE WAY, SUITE 200, MS110
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title P
Name IANNACONE, RAY MD
Address 6200 S SYRACUSE WAY SUITE 200
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title ASEC
Name JOHNSON, BENJAMIN
Address 6200 S SYRACUSE WAY, SUITE 200, MS110
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title CFO
Name OWEN, RANDY
Address 6200 S SYRACUSE WAY, SUITE 200, MS110
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title EVP
Name TAYLOR, JAY
Address 6200 S SYRACUSE WAY, SUITE 200, MS110
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title SECRETARY
Name WILSON, CRAIG A
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: RAY IANNACONE, MD

PRESIDENT

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date