## 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004231

Entity Name: EMCARE, INC.

**Current Principal Place of Business:** 

7700 W. SUNRISE BOULEVARD PLANTATION, FL 33322

**Current Mailing Address:** 

7700 W. SUNRISE BOULEVARD PLANTATION, FL 33322 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

**FILED** Apr 23, 2021

Secretary of State

7487932642CC

Date

Date

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title SENIOR VICE PRESIDENT-CLINICAL

SMITH, M.D., DOUGLAS CHUANG, M.D., CHAN-CHOU Name Name 7700 W. SUNRISE BOULEVARD 7700 W. SUNRISE BOULEVARD Address Address

City-State-Zip: PLANTATION FL 33322 PLANTATION FL 33322 City-State-Zip:

SENIOR VICE PRESIDENT AND Title Title **TREASURER SECRETARY** 

Name CHARPENTIER, JASON

Name MOORE, ILENE Address 7700 W. SUNRISE BOULEVARD

7700 W. SUNRISE BOULEVARD Address

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

Title VICE PRESIDENT AND ASSISTANT

Title ٧/P **SECRETARY** 

Name MUSSO, MATTHEW Name PAGE, JUSTIN

Address 7700 W. SUNRISE BOULEVARD Address 7700 W. SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

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.

04/23/2021 SIGNATURE: JUSTIN PAGE VICE PRESIDENT