# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004231

Entity Name: EMCARE, INC.

# **Current Principal Place of Business:**

6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400 GREENWOOD VILLAGE, CO 80111

### **Current Mailing Address:**

6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400 GREENWOOD VILLAGE, CO 80111 US

### FEI Number: 75-1732351

## 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

#### **Officer/Director Detail :**

	Title	DIRECTOR, PRESIDENT	Title	TREASURER
	Name	COWARD, ROBERT	Name	RUTHERFORD, KRISTY
	Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400	Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
	City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
	Title	SENIOR VICE-PRESIDENT CLINICAL	Title	VP
	Name	IANNACCONE, RAYMOND	Name	JOHNSON, BENJAMIN
	Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400	Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
	City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
	Title	CFO	Title	SECRETARY
	Name	STANDIFIRD, JASON	Name	WILSON, CRAIG A
	Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400	Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
	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

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date