

No. C 133583	Due no later than Apr 30, 2018 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EMCARE PHYSICIAN SERVICES, INC. 1A BURTON HILLS BLVD. NASHVILLE TN 37215	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713				
		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	BRIAN JACKSON	1A BURTON HILLS BLVD.	NASHVILLE	TN	USA	37215
SECRETARY	CRAIG A. WILSON	1A BURTON HILLS BLVD.	NASHVILLE	TN	USA	37215
DIRECTOR	BRIAN JACKSON	1A BURTON HILLS BLVD.	NASHVILLE	TN	USA	37215
TREASURER	KRISTY RUTHERFORD	1A BURTON HILLS BLVD.	NASHVILLE	TN	USA	37215
5. Organized Under the Laws of: DE C 133583	6. Annual Report must be signed.* Signature: Craig A Wilson Name (type or print): Craig A Wilson		Date: 04/12/2018 Title: Secretary			
Processed 04/12/2018		* Electronically provided signatures are accepted as original signatures.				