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|--|----------------|--|--------|---|---------|-------------|--|
| No. C 133583 | | Due no later than Apr 30, 2006 | | 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. 1717 MAIN STREET SUITE 5200 DALLAS TX 75201 | | CORPORATION SERVICE COMPANY 1401 SHORELINE DRIVE STE 2 BOISE ID 83702 | | | |
| | | | | 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 | DON HARVEY | 1717 MAIN STREET SUITE 5200 | DALLAS | TX | USA | 75201 | |
| SECRETARY | TODD ZIMMERMAN | 1717 MAIN STREET SUITE 5200 | DALLAS | TX | USA | 75201 | |
| DIRECTOR | WILLIAM SANGER | 1717 MAIN STREET SUITE 5200 | DALLAS | TX | USA | 75201 | |
| 5. Organized Under the Laws of: DELAWARE C 133583 | | 6. Annual Report must be signed.* Signature: STEVE RATTON, JR. Date: 03/30/2006 Name (type or print): STEVE RATTON, JR. Title: TREASURER | | | | | |
| Processed 03/30/2006 | | * Electronically provided signatures are accepted as original signatures. | | | | | |