

Filing Fee: \$75.00

ID Number: 36748



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Matthew A. Brown
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

**APPLICATION FOR
AMENDED CERTIFICATE OF AUTHORITY
(To Be Filed In Duplicate Original)**

Pursuant to the provisions of Section 7-1.1-111 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is SEC/EMCARE EMERGENCY CARE, INC.
- 2. It is incorporated under the laws of MISSOURI
- 3. A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island 12/11/1985, authorizing it to transact business in Rhode Island under the name of: SPECTRUM EMERGENCY CARE, INC.

- 4. The corporate name of the corporation has been changed to EMCARE PHYSICIAN PROVIDERS, INC.

(If no change, so indicate.)

- 5. The name, if different, which it elects to use in Rhode Island is:
 - (a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*
N/A
 - (b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:*
N/A

- 6. The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:

(If no other or additional purposes are proposed, insert "No Change.")

NO CHANGE

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7. If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (if there has been no increase in shares, insert "no change"):

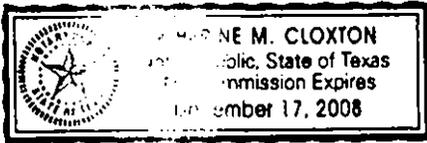
<u>Total Number of Authorized Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
NO CHANGE			

8. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 0.
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0%. [divide (b) by (a) and multiply by 100 to obtain the percentage]
9. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 0.
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0%. [divide (b) by (a) and multiply by 100 to obtain the percentage]
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

Date: March 3, 2005

EMCARE PHYSICIAN PROVIDERS, INC.

Print Exact Name of Corporation Making Application



By [Signature]
 President or Vice President (check one)

By [Signature]
 Secretary or Assistant Secretary (check one)

STATE OF TEXAS
 COUNTY OF Dallas

In _____, on this 3rd day of March, 2005, before me personally appeared Robyn Bakalar, Todd Zimmerman who, being duly sworn, declared that he/she is the Assistant Secretary, Vice President of the above-named entity and that he/she signed the foregoing document as such authorized agent, and that the statements herein contained are true.

Catherine M. Cloxton
 Notary Public
 My Commission Expires: 11-17-08

STATE OF MISSOURI



Robin Carnahan
Secretary of State

00150975

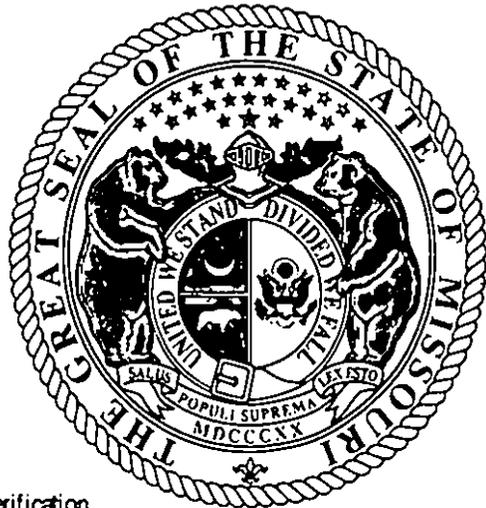
CERTIFICATE OF CORPORATE RECORDS

EMCARE PHYSICIAN PROVIDERS, INC.

I, ROBIN CARNAHAN, Secretary of the State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office for which certification has been requested.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 30th day of March, 2005

A handwritten signature in black ink that reads "Robin Carnahan".



Certification Number: 75350 Secretary of State
Verify this certificate online at <http://www.sos.mo.gov/businessentity/verification>