



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL ADAMS, SECRETARY OF STATE**

**0576723.06**tsemones  
AMD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 9/30/2022 10:41 AM  
 Fee Receipt: \$40.00

**Division of Business Filings**

P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Amended Certificate of Authority**  
**(Foreign Business Entity)**

**FCA**

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:
 

<input checked="" type="checkbox"/> profit corporation (KRS 271B)	<input type="checkbox"/> nonprofit corporation (KRS 273).
<input type="checkbox"/> professional service corporation (KRS 274).	<input type="checkbox"/> business trust (KRS 386).
<input type="checkbox"/> limited liability company (KRS 275).	<input type="checkbox"/> limited partnership (KRS 362).
<input type="checkbox"/> professional limited liability company (KRS 275)	<input type="checkbox"/> statutory trust (KRS 386)
<input type="checkbox"/> limited cooperative association	<input type="checkbox"/> non-profit LLC (KRS 275).
<input type="checkbox"/> cooperative association	
- The name of the company is: EmCare, Inc.  
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Delaware.
- The entity received authority to transact business in Kentucky on \_\_\_\_\_.
- The entity has changed its (check all that apply)
 

<input type="checkbox"/> Domicile name to _____
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>EmCare, LLC</u>
<input type="checkbox"/> Jurisdiction of organization to _____
<input type="checkbox"/> Period of duration _____
<input checked="" type="checkbox"/> Form of organization <u>limited liability company</u>
<input checked="" type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input checked="" type="checkbox"/> Manager managed
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is \_\_\_\_\_.

<b>Please indicate the county in which your business operates:</b> County: _____	
<i>To complete the following, please shade the box completely.</i>	
<b>Please indicate the size of your business:</b> <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	<b>Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:</b> <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
<b>Please indicate which of the following best describes your business:</b>	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

*Krysta Edwards*

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**Signature of Authorized Representative**

Krysta Edwards  
**Printed Name**

Assistant Secretary  
**Title**

9/29/2022  
**Date**