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F04-268 1/15/04 [Signature]



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 14, 2004

JIM RYANS
WALK-IN

SUBJECT: MEDICAL TRANSPORTATION MANAGEMENT OF FLORIDA, INC.
Ref. Number: W04000001908

We have received your document for MEDICAL TRANSPORTATION MANAGEMENT OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 304A00002676

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Transportation Management, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Donald C. Tiemeyer, General Counsel
(Name of Person)

Medical Transportation Management, Inc.
(Firm/Company)

125 Wharf Street, Suite 25
(Address)

Lake St. Louis, MO 63367
(City/State and Zip code)

For further information concerning this matter, please call:

Donald C. Tiemeyer at (636) 561-5686 Ext. 6054
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Medical Transportation Management, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Southeast MTM, INC.

~~Medical Transportation Management of Florida, Inc.~~

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri

(State or country under the law of which it is incorporated)

3. 43-1719762

(FEI number, if applicable)

4. June 27, 1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 125 Wharf Street, Suite 25, Lake St. Louis, MO 63367

(Principal office address)

125 Wharf Street, Suite 25, Lake St. Louis, MO 63367

(Current mailing address)

8. Provide non-emergency medical transportation services to Medicaid eligible persons

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Byron R. Enwright

Office Address: 420 East Jefferson Street, Suite 106

Tallahassee

(City)

, Florida 32302

(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Byron R. Enwright
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Peggy A. Griswold

Address: 17 Auvergne Drive

Lake St. Louis, MO 63367

Vice Chairman: _____

Address: _____

Director: Lynn C. Griswold

Address: 17 Auvergne Drive

Lake ST. Louis, MO 63367

Director: JB Bowers

Address: 20101 West 93rd Street

Lenexa, KS 66220

B. OFFICERS

President: Peggy A. Griswold

Address: 17 Auvergne Drive

Lake St. Louis, MO 63367

Vice President: Lynn C. Griswold

Alaina Macia

Address: 17 Auvergne Drive

6 Windsor Lane

Lake St. Louis, Mo 63367

Kirkwood, MO 63122

Secretary: Donald C. Tiemeyer

Address: 2012 Willow Trail, St. Charles, MO 63303

Treasurer: JB Bowers

Address: 20101 West 93rd Street, Lenexa, KS 66220

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Donald C. Tiemeyer
(Signature of Director or Officer listed in number 12 of the application)

14. Donald C. Tiemeyer, Secretary and General Counsel
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Matt Blunt
Secretary of State


CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MEDICAL TRANSPORTATION MANAGEMENT, INC.
00413190

was created under the laws of this State on the 27th day of June, 1995, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and an imprinted the GREAT SEAL of the State of Missouri, on this, the 7th day of January, 2004


Secretary of State



Certification Number: 6331095-2 Page 1 of 1 Reference:

Verify this certificate online at <http://www.sos.mo.gov/business/verification>