* ALSO ADMITTED TO PRACTAL IN PENNAYE VANIA

DESIGNATED CORPORATION and BUSINESS FAW BOARD CERTIFIED REAL ESTATE LAWYER

> ** ALSO ADMITTED TO PRACTICE IN NEW YORK

> > Please Reply to Hollywood

ानमामाना वाहा अस्त्रहरू

Facsimile (305) 966-6259

Boca Raton Office: 980 North Federal Highway, Suite 206 Hoca Raton, Florida 33432

March 6, 1995

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Re: EMSI

Dear Sir/Madam:

WAS-BOK TO

Enclosed please find our check in the amount of \$78.75. This includes \$35.00 for filing fee, \$35.00 for Registered Agent Designation Fee, and an additional \$8.75 for a certificate of status, along with all documentation necessary to register a foreign corporation to transact business in Florida.

Should you have any questions in regard to this matter, please do not hesitate to contact me.

Very truly yours,

Angela P. Miller

AM:rd Enclosures 0.8.5.11.0 11.5.30 5.2.11.0 11.5.30 5.3.11.0 11.5.31.5.3



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 8, 1995

ANGELA P. MILLER FEINBERG & MAIDENBAUM 4651 SHERIDAN ST, SUITE 300, PLAZA TWO HOLLYWOOD, FL 33021

SUBJECT: EMERGENCY MEDICAL SERVICES INTERNATIONAL, INC. Ref. Number: W95000005063

We have received your document for EMERGENCY MEDICAL SERVICES INTERNATIONAL, 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):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".)

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

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 (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 995A00010258

FEINBERG & MAIDENBAUM

ATTORNIAS AT LAW

REFREY ELISHTRO, P.A.* ADBII NNII MAIDI MIAUM, P.A.** ANGLA P. MILLI R. * - **

Broward (305) 962-8889 Dade (305) 948-6332 Boca Raton (305) 946-7666

Emerald Hills Executive Plaza Two 4651 Sheridan Street, Suite 300 Hollywood, Florida 13021

* ALMOADMIETED TO PRACTICE IN PENNSYLVANIA

Facsimile (305) 966-6259

Hoca Raton Office 980 North Federal Highway, Suite 206 Boca Raton, Florida 33432 DESIGNATED COST ORATION AND BUSINESS FAW BOARD CERTIFIED REAL ESTATE LAWYER

** ALMO ADMITTED TO PRACTICE IN NEW YORK

Please Reply to Hollywood

March 13, 1995

Lee Rivers, Document Examiner Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE:

Emergency Medical Services International, Inc.

Reference Number W95000005063

Dear Ms. Rivers:

All corrections required in your March 8, 1995 letter have been made. Please file the attached application as soon as possible.

Thank you.

Sincerely

Angela P. Miller

APM/hp enclosures

TRANSMITTAL LETTER

Able may

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

DIVISIO	NO CONFORMIONS	(3) (3) (3) (3) (4) (4) (5) (4)
SUBJECT:	Emergency Medical Services International, Inc.	
•	(Name of corporation - must include suffix)	
Dear Sir or M	ladam:	
Florida", "Ce foreign corpo	d "Application by Foreign Corporation for Authorization to I artificate of Existence", and check are submitted to register to transact business in Florida.	
Please return	all correspondence concerning this matter to the following: Jeffrey Feinberg, P.A.	
	(Name of Person)	
	Feinberg & Maidenhaum	
	(Firm/Company) 4651 Sheridan Street, Suite 300	
•	(Address) Hollywood, FL 33021	
	(City, State and Zip Code)	

Should you need to call someone concerning this matter, please call:

Jeffrey Feinberg at (305) 962 - 8889 .

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.	Emergency Medical Name of corporation: mus abbreviations of like import or partnership if not so con				WY", CORP	ORATION* or words or istead of a natural person
	Delaware			11/1		
(:	State or country under the	aw of which it is inc	corporated)	J.	ber, if applic	ablel
			•	•		·•
,,	8/31/94 (Date of Incorporation	5 nl	(Dura	tion: Year corp.	will cease to	exist c "perpetual")
_	Unon Ouglificatio	n				parpatour,
- 1	Date first transacted busine	ss in Florida. (See e	sctons 007.15	01, 607,1502, and B	17.155, F.S.)	
7.						
_	Jupiter, Florida	33468				
		(Current mailing ad	dress)			
8	emergency medical					
	(Purpose(s) of corporation	authorized in hom	no state or c	ountry to be care	ied out in the	a state of Florida)
9.	Name and street add					
•	4110 00001 000	11622 OI LIOTIU	ធ ខេតិខេតេ	ea agent;		
	Name:	Jeffrey Fein	berg, P.	١.	_	
	Office Address: _	4651 Sherida	n Street	Suite 300	_	
	_	Hollywood			Florida .	33021
				<u></u> -	- •	(Zip Code)
10.	Registered agent's	acceptance:				
regis of al	ing been named as re coration at the place of stered agent and agred I statutes relative to to and accept the obliga	te to act in this che proper and chi	nis applica apacity. I omplete p ition as re	ation, I hereb further agree erformance o gistered agen	y accept i to comply of my dutie	the appointment as
		(Registered ager	nt's signatu)	e)		

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 addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:

Vice Chairman:
Address:
Directors
Director:
Address:
Director:
Address:
B. OFFICERS
President: Duane Boise
Address: P.O. Box 1904 NIN
Jupiter, Florida 33468
Vice President: Mark Savin
Address: P.O. Box 1904 N N
Jupiter, Florida 33468
Secretary: Duane Boise
Address: P.O. Box 1904 N M
Jupiter, Florida 33468
Treasurer:
Address: P.O. Box 1904 NA
Jupiter, FLorida 33468
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. June State of Chairman, Vice Chairman, or any officer fisted in number 12 of the application)
14. Duane Buise, President (Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

1611

AND I DO HEREBY FORTHING CERTLEY THAT THE ERABORDED TAKE TO BATE.



Edward J. Livel, Secretary of State

AUTHENTICATION

DATE

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