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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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FLORIDA PROFIT CORPORATION OR P.A.
MEDICS AMBULANCE, INC.

Certificate of Status	0
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A1A#CORPORATE#SERVICES

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p.2

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STATE
DEERFIELD BEACH, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:
MEDICS AMBULANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business is:
378 Sw 12th Ave
Deerfield Beach, FL 33442-3106.

The mailing address is:
Po Box 4595
Deerfield Beach, FL 33442-4595.

ARTICLE III PURPOSE

The purpose for which the corporation is organized:
The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1,500 COMMON SHARES PAR VALUE \$ 0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:
Director, President, Vice-President, Secretary & Treasurer:
MALCOLM COHEN
378 Sw 12th Ave
Deerfield Beach, FL 33442-3106

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AIR#CORPORATE#SERVICES

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p.3

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

PAGE 2 MEDICS AMBULANCE, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MALCOLM COHEN

378 Sw 12th Ave

Deerfield Beach, FL 33442-3106

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

MALCOLM COHEN

378 Sw 12th Ave

Deerfield Beach, FL 33442-3106

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


MALCOLM COHEN / Registered Agent

5/16/05
Date


MALCOLM COHEN / Incorporator

5/16/05
Date

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