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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL EMS BILLING, 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:

A. PATRICIA BARWICK
(Name of Person)

ATTORNEY AT LAW
(Firm/Company)

7072 MARINER BLVD.
(Address)

SPRING HILL, FL 34609
(City/State and Zip code)

For further information concerning this matter, please call:

A. PATRICIA BARWICK (352) 597-6440
(Name of Person) (Area Code & Daytime Telephone Number)

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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

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

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

2. Wisconsin 3. 39-1877122
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-12-1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. W62 N244 WASHINGTON AVE CEDARBURG, WI 53012
(Principal office address)

SAME AS ABOVE
(Current mailing address)

8. ANY LAWFULL PURPOSE
(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 NOT acceptable)

Name: DAVID R. SULIK

Office Address: 5167 KIRKWOOD AVE

SPRING HILL FL, Florida 34608
(City) (Zip code)

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.

David R Sulik

(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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: DAVID R. SULLIK

Address: W62 N244 WASHINGTON AVE.
CEDARBURG, WI 53012

Director: MARY ANN SULLIK

Address: W62 N244 WASHINGTON AVE
CEDARBURG, WI 53012

B. OFFICERS

President: MARY ANN SULLIK

Address: W62 N244 WASHINGTON AVE
CEDARBURG, WI 53012

Vice President: DAVID R. SULLIK

Address: W62 N244 WASHINGTON AVE
CEDARBURG, WI 53012

Secretary: DAVID R. SULLIK

Address: W62 N244 WASHINGTON AVE CEDARBURG, WI 53012

Treasurer: MARY ANN SULLIK

Address: W62 N244 WASHINGTON AVE CEDARBURG, WI 53012

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

13. David R. Sulik
(Signature of Director or Officer listed in number 12 of the application)

14. David R. Sulik Vice President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

NATIONAL EMS BILLING, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 12, 1996.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and affixed the official seal of the
Department on May 26, 2005.

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

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TALLAHASSEE, FLORIDA

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **13810-BDF53B00**