

F06000003309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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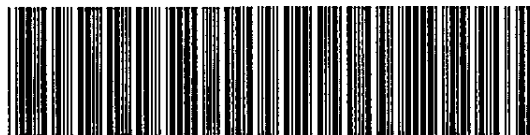
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/06--01025--007 **70.00

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MAY 5 10 10 AM
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J. Shivers MAY 08 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ambulance Reimbursement Systems 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:

David P. Albertson, Pres.
(Name of Person)
Ambulance Reimbursement Systems Inc.
(Firm/Company)
2610 Walbert Ave 2nd Flr.
(Address)
Allentown PA 18104
(City/State and Zip code)

For further information concerning this matter, please call:

Elisa Albertson at (800) 473-2278
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

FILED
06/07/95 PM 1:00
TALLAHASSEE, FL 32301

**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. Ambulance Reimbursement Systems Incorporated
(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. PA 3. 23-2732990
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/29/1993 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. not as of yet
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2610 Walbert Ave 2nd Fl. Allentown PA 18104
(Principal office address)

2610 Walbert Ave 2nd Fl. Allentown PA 18104
(Current mailing address)

8. Medical Billing
(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: In Corp Services Inc

Office Address: 18450 NE 2nd Ave
Miami, Florida 33179
(City) (Zip code)

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JAN 31 1994
5 PM 1:00
TALLAHASSEE, FLORIDA

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.

[Signature] FOR IN CORP SERVICES, INC.
(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: David P. Albertson

Address: 8074 Overview Ct
New Tripoli PA 181066

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David P. Albertson

Address: 8074 Overview Ct
New Tripoli PA 181066

Vice President: Same

Address: _____

Secretary: Same

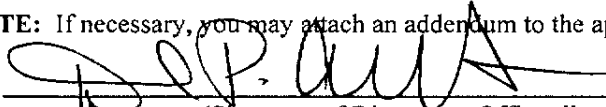
Address: _____

Treasurer: Same

Address: _____

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MAY 11 1994
FALMOUTH, FLORIDA

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

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

14. David P. Albertson Pres/CEO
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 18, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AMBULANCE REIMBURSEMENT SYSTEMS, INC.

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Cortes

Secretary of the Commonwealth

AMBULANCE REIMBURSEMENT SYSTEMS, INC.
2610 WALBERT AVE

ALLENTOWN, PA 18104-0