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DIVISION OF CORPORATION

FOREIGN PROFIT/NONPROFIT CORPORATION

Express Medical Transporters, Inc.

Certificate of Status	0
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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. Express Medical Transporters, 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. Missouri 3. 43-1741083
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/13/1996 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. ~~611 David Road East~~ 6780 Southwest Ave ST. LOUIS, MO
(Principal office address) 63143
611 David Road East STE 704 CLEARWATER, FL 33756
(Current mailing address)
8. NON EMERGENCY MEDICAL TRANSPORTATION
(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: CT Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324
(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.
- By: [Signature]
Jonathan L. Miles, Asst. Secretary
(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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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BERNARD SQUITIERI

Address: 6780 SOUTHWEST AVE

ST. LOUIS, MO 63143

Vice President: _____

Address: _____

Secretary: CARLA SQUITIERI

Address: 6780 SOUTHWEST AVE ST. LOUIS, MO 63143

Treasurer: BARRY KORMAN

Address: 6780 SOUTHWEST AVE ST. LOUIS, MO 63143

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. BARRY KORMAN, TREASURER

(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

EXPRESS MEDICAL TRANSPORTERS, INC.
00423790

was created under the laws of this State on the 13th day of March, 1996, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 9th day of July, 2008

Robin Carnahan

Secretary of State

