F10000004635

Florida Department of State
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
PARKVIEW EMERGENCY MEDICAL SERVICES LIMITED INC

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Affidavit (Amend)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARKVIEW EMERGENCY MEDICAL SERVICES LIMITED INC
Name of Corporation

DOCUMENT NUMBER: F10000004635

The enclosed ***Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emil C. Marquardt, Jr., Esq.
Name of Contact Person

Macfarlane Ferguson & McMullen
Firm/Company

625 Court Street, Suite 200
Address

Clearwater, FL 33756
City/State and Zip Code

ecm@macfar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emil C Marquardt, Jr. at (727) 441-8966
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ $35.00 Filing Fee ☑ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is: PARKVIEW EMERGENCY MEDICAL SERVICES LIMITED INC
2. This entity was authorized to transact business in Florida on 10/20/2010 and its Florida document number is F10000004835
3. This corporation was formed under the laws of Ontario, Canada
4. The name and address of each officer and/or director is as follows:

Title:	Name and Address
PVSTD	GRAHAM MITCHELL 11 ZINA STREET ORANGEVILLE, ONTARIO L9W 1E2

(Attach additional pages if necessary)

Signature of an officer or director

PRESIDENT
Title of person signing

Graham Mitchell
Typed or printed name of person signing

CR3B127 (10/11)

FILING FEE $35
Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314