

SEP 14 2012 10:03
DIVISION OF CORPORATIONS

MACFARLANE FERGUSON

727 442 8470 P. 01

Page 1 of 1

F10000004635

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6380

From: Account Name : MACFARLANE FERGUSON & MCMULLEN
Account Number : 071005001001
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PARKVIEW EMERGENCY MEDICAL SERVICES LIMITED INC**

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ATF Smith (Amend)

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SEP 14 2012

SEP 14 2012

T. ROBERTS T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARKVIEW EMERGENCY MEDICAL SERVICES LIMITED INC

Name of Corporation

DOCUMENT NUMBER: F10000004835

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.

Name of Contact Person

at (727)

441-8986

Area Code & Daytime Telephone Number

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

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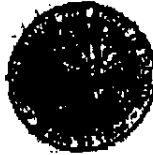
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Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

H12000227109 3

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSAFFIDAVIT 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 F10000004635
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:PVSTDName and AddressGRAHAM MITCHELL11 ZINA STREETORANGEVILLE, ONTARIO L9W 1E2

(Attach additional pages if necessary)

Graham Mitchell
Signature of an officer or directorPRESIDENT
Title of person signingGraham Mitchell

Typed or printed name of person signing

CR12127 (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

H12000227109 3