

F/3000002107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

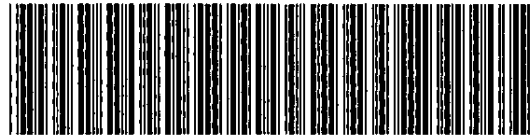
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAY 13 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TC 05/15/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Community Emergency Medical Service, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Vandecaveye

Name of Person

Botsford Hospital

Firm/Company

28050 Grand River Avenue

Address

Farmington Hills, MI 48336

City/State and Zip Code

lvandecaveye@botsford.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim O'Leary

Name of Person

at (248) 471-8660

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Community Emergency Medical Service, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Michigan 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/06/1982 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 25400 W. Eight Mile Road, Southfield, MI 48033
(Principal office address)
25400 W. Eight Mile Road, Southfield, MI 48033
(Current mailing address)
8. Emergency medical transportation
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Corporation Service Co.
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip Code)

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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.

William S. Threlk
(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 addresses of officers and/or directors

A. DIRECTORS

Chairman: Gerson Cooper

Address: 25400 W. Eight Mile Road
Southfield, MI 48033

Vice Chairman: _____

Address: _____

Director: Sanford Vieder, D.O.

Address: 28050 Grand River Avenue
Farmington Hills, MI 48336

Director: Paul LaCasse, D.O.

Address: 28050 Grand River Avenue
Farmington Hills, MI 48336

B. OFFICERS

President: Greg Beauchemin

Address: 25400 West Eight Mile Road
Southfield, MI 48033

Vice President: _____

Address: _____

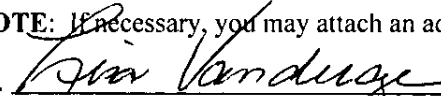
Secretary: Lisa Vandecaveye

Address: 28050 Grand River Avenue, Farmington Hills, MI 48336

Treasurer: Regina Doxtader

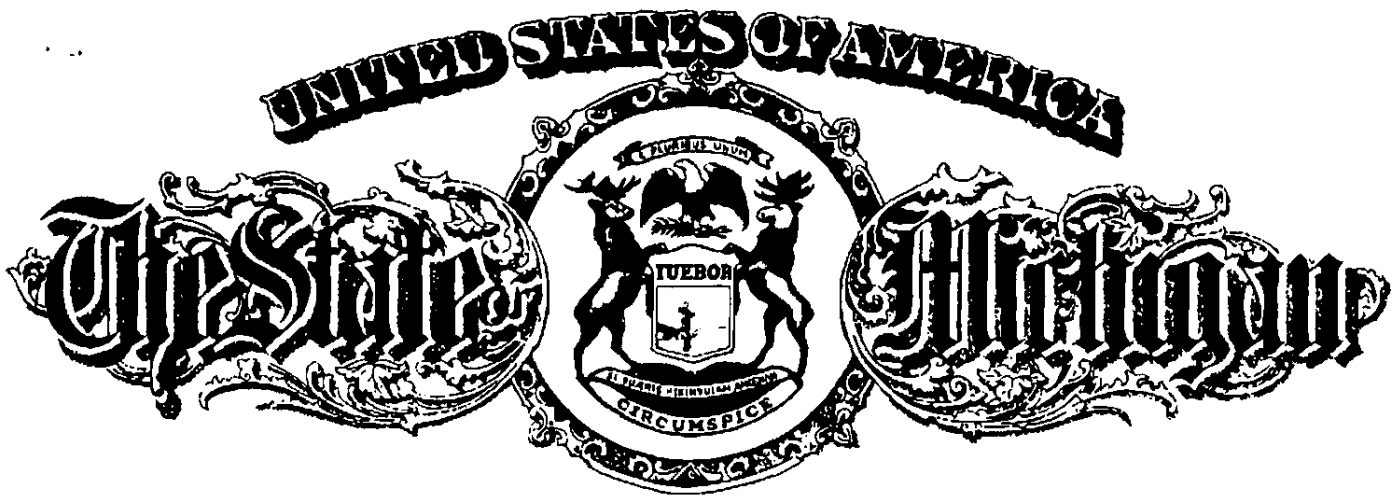
Address: 28050 Grand River Avenue, Farmington Hills, MI 48336

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lisa Vandecaveye, Secretary
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

COMMUNITY EMERGENCY MEDICAL SERVICE, INC.

was validly incorporated on May 6, 1982, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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13 MAY 13 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Sent by Facsimile Transmission
1132278

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 29th day of April, 2013.

Director

Bureau of Commercial Services