

F 13000005522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

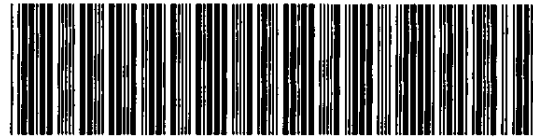
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Office Use Only

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W13000067532



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 26 PM 3:13

g 12/27/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Med Trans, 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," or "Certificate of Good Standing" 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:

Judy Beaty
Name of Person
American Med Trans, Inc.
Firm/Company
P.O. Box 1750
Address
James town, TN 38556
City/State and Zip code
beatyoffice@twlakes.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Cody at (931) 876-8476
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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2013

JUDY BEATY
POST OFFICE BOX 1750
JAMESTOWN, TN 38556

SUBJECT: AMERICAN MED TRANS, INC.
Ref. Number: W13000067532

RECEIVED
13 DEC 26 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN MED TRANS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 313A00028092

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DIVISION OF CORPORATIONS
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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. American Med Trans, 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. Tennessee

(State or country under the law of which it is incorporated)

3. 46-1216503

(FEI number, if applicable)

4. 10/17/2012

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1121 Taylor Place Rd. Jamestown, TN 38556

(Principal office address)

PO Box 1750 Jamestown, TN 38556

(Current mailing address)

8. Non emergency ambulatory 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: C T Corporation System

Office Address: 1200 S. Pine Island Rd.

Plantation

(City)

, Florida 33324

(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.

C T Corporation System

BY: Michael Seraphin Michael Seraphin 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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Judy Beaty
Address: PO Box 1750
Jamestown, TN 38556

Vice Chairman: James S. Beaty, Jr.
Address: PO Box 1750
Jamestown, TN 38556

Director: Saranne E. Beaty
Address: PO Box 1750
Jamestown, TN 38556

Director: _____
Address: _____

B. OFFICERS

President: Judy Beaty
Address: PO Box 1750
Jamestown, TN 38556

Vice President: James S. Beaty, Jr.
Address: PO Box 1750
Jamestown, TN 38556

Secretary: Saranne E. Beaty
Address: PO Box 1750 Jamestown, TN 38556

Treasurer: _____
Address: _____

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

13. _____
Judy Beaty
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Judy Beaty, President
(Typed or printed name and capacity of person signing application)



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

DUDLEY W. TAYLOR
800 S. GAY STREET, SUITE 600
KNOXVILLE, TN 37929

June 21, 2013

Request Type: Certificate of Existence/Authorization
Request #: 0100821

Issuance Date: 06/21/2013
Copies Requested: 1

Document Receipt

Receipt #: 1074111 Filing Fee: \$22.25
Payment-Credit Card - TennesseeAnytime Online Payment #: 150962553 \$22.25

Regarding: AMERICAN MED TRANS, INC.
Filing Type: Corporation For-Profit - Domestic
Formation/Qualification Date: 10/17/2012
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control #: 698131
Date Formed: 10/17/2012
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

AMERICAN MED TRANS, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Tre Hargett
Secretary of State

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Processed By: Cert Web User

Verification #: 003286018