

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
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Attn: Jeff Netherton

CORPORATION(S) NAME

200003009862--6  
-10/08/99--01062--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Emergency Care Specialists of Texas, P.A.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT -8 PM 3:40 RECEIVED  
99 OCT -8 AM 11:09  
TALLAHASSEE, FLORIDA

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

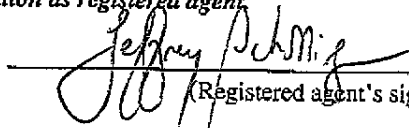
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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99091-8 PM 3:40

1. Emergency Care Specialists of Texas, P.A.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)
2. Texas  
(State or country under the law of which it is incorporated)
3. 62-1743978  
(FEI number, if applicable)
4. June 9, 1998  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. October 15, 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2828 Croasdaile Drive  
Durham, North Carolina 27705  
(Current mailing address)
8. To recruit, place and manage professional healthcare providers in healthcare facilities and institutions.  
(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 or Mail Drop Box **NOT** acceptable)  
Name: Jeffrey Schillinger  
Office Address: 1001 Ives Dairy Road, Suite 206  
N. Miami Beach, Florida, 33179  
(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.

  
(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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Bertram E. Walls, M.D.

Address: 2828 Croasdaile Drive

Durham, North Carolina 27705

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Bertram E. Walls, M.D.

Address: 2828 Croasdaile Drive

Durham, North Carolina 27705

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Bertram E. Walls, M.D.

Assistant Secretary: Anita S. Wegner

Address: 2828 Croasdaile Drive

2828 Croasdaile Dr.

Durham, North Carolina 27705

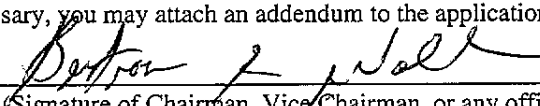
Durham, NC 27705

Treasurer: Bertram E. Walls, M.D.

Address: 2828 Croasdaile Drive

Durham, North Carolina 27705

**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. Bertram E. Walls, M.D., President  
(Typed or printed name and capacity of person signing application)

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99 OCT -8 PM 3:40



# The State of Texas

SECRETARY OF STATE

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT -8 PM 3:40

IT IS HEREBY CERTIFIED that  
Articles of Incorporation of

**EMERGENCY CARE SPECIALISTS OF TEXAS, P.A.**  
File No. 924352-02

were filed in this office and a certificate of incorporation was issued to this professional corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



*IN TESTIMONY WHEREOF, I have hereunto  
signed my name officially and caused to be  
impressed hereon the Seal of State at my office in  
the City of Austin, on September 10, 1999.*

Elton Bomer  
Secretary of State

PH