

L000000010060

Secretary Name John Warren Phone (850) 763-0446

Company NATIONAL HEALTHCARE

Address 2100 JENKS AVE

City PANAMA CITY State FL ZIP 32405

2 Your Internal Billing Reference Information

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. U.S. MEDICAL TRANSPORTATION, LLC 800003320138--7
(Corporation Name) (Document #) -07/11/00--01089--003
****165.00 ****160.00
2. W-17921 L-10060
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 22 PM 12:03

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W8/22

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 28, 2000

JOHN WARREN
NATIONAL HEALTHCARE
2100 JENKS AVE
PANAMA CITY, FL 32405

SUBJECT: U.S. MEDICAL TRANSPORT, LLC
Ref. Number: W00000017921

We have received your document for U.S. MEDICAL TRANSPORT, LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Articles I and II.

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 500A00041252

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 14, 2000

JOHN WARREN
NATIONAL HEALTHCARE
2100 JENKS AVE
PANAMA CITY, FL 32405

SUBJECT: U.S. MEDICAL TRANSPORT, LLC
Ref. Number: W00000017921

We have received your document for U.S. MEDICAL TRANSPORT, LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Although you made several of the corrections requested in our previous letter, you did not sign the form. Please sign the highlighted line at the bottom of the form.

Please return 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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 200A00043561

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: U. S. Medical Transport, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

12207 Lyndell Plantation Dr,
Panama City Beach, FL 32407

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

John Warren
Name
12207 Lyndell Plantation Dr.
Florida street address (P.O. Box **NOT** acceptable)
Panama City Beach FL 32407
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

John Warren
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

John Warren
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John Warren
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE FLORIDA