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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Medical Transport Service, LLC

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FAX AUDIT # 4060002761083

**ARTICLES OF ORGANIZATION
OF
Medical Transport Service, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Medical Transport Service, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 465 SW Brothers Lane, Lake City, Florida 32025.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Patricia Stuart, 4424 NW American Lane, Suite 101, Lake City, Florida 32055. Located in the County of Columbia.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Richard Flottemesch, 465 SW Brothers Lane, Lake City, Florida 32025
Reynaldo Montemayor, 465 SW Brothers Lane, Lake City, Florida 32025



Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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The name of the limited liability company is: **Medical Transport Service, LLC**

The name and address of the registered agent and office is Patricia Stuart, 4424 NW American Lane, Suite 101, Lake City, Florida 32055. Located in the County of Columbia.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Patricia Stuart
Patricia Stuart

Date: 11/13/2006

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