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FOREIGN LIMITED LIABILITY COMPANY

Paramedics Plus, L.L.C.

Certificate of Status	0
Certified Copy	0_
Page Count	04
Estimated Charge	\$125.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN ELORIDA

IN COMPLIANCE WITH SECTION GOLSOS, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Paramedica Plus, L.L.C. (Name of foreign limited liability company) State of Texas (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) perpetual (Duration: Year limited liability company will cease to exist or "perpetual"). (Date of Organization) Date first transacted business in Florida, (See sections 608.501, 608.502, and 817.155, P.S.) 7. 1000 South Beckham Tyler, TX 75701 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Elmer G. Ellís 1000 South Beckham, Tyler, TX 75701 Byron Hale 1000 South Beckham, Tyler, TX 75701 Anthony J. Myers 352 South Glenwood, Tyler, TX 75702 10. Attached is an original cartificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A phonocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: __medical_transportation provider Signature of a merabot or an authorized representative of a member. (In secondance with section 608.408(3), F.S., the execution of this document constitutes an affirmation and of the penalties of perjuty that the facts stated herein are true.) Anthony J. Myers

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Paramedics Plus, L.L.C.		
		idress of the registered agent and office are:
		C T Corporation System
		(Name)
	c/o C T Corpor	ation System, 1200 South Fine Island Road
	Florida su	reet address (P.O. Box NOT ACCEPTABLE)
	Plantation,	rı. 33324
,		(City/State/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.

By: Maria Ozasta

(Signature)

C T Corporation System

Maria Ozasta

Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE DIVISION OF GEOPERATION B: 18

CT CORPORATION

APR-23-2004 09:08

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Geoffrey S. Connor Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Organization for PARAMEDICS PLUS, L.L.C. (filing number: 703850722), a Domestic Limited Liability Company (LLC), was filed in this office on June 22, 1998.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 22, 2004.



