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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****87.50 *****87.50

| | |
|------------|---------------------------------------|
| \$70.00 | \$78.75 |
| Filing Fee | Filing Fee & Certificate of Status |

ADDITIONAL COPY REQUIRED

NOTE: Please provide the original and one copy of the articles.

11-16

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Family Medical Transportation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Physical Address:

**730 Elm Avenue
Panama City, Florida 32401**

Mailing Address:

**PO Box 564204
College Point, NY 11356**

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical patient transportation

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares (No Par Value)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

**Denise Snell
730 Elm Avenue
Panama City, Florida 32401**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Denise Snell
730 Elm Avenue
Panama City, Florida 32401**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Denise Snell

Signature/Registered Agent: **Denise Snell**

11-13-00

Date

Denise Snell

Signature/Incorporator **Denise Snell**

11-13-00

Date