Department of State Division of Corporations P. O. 10x 6327 Tallahassee, FL 32314

SUBJECT:	CMO PARAN	NEOLCAL SE	RVICES, 1	<u>N</u> C.
Employeding			100003952 -04/03/01 ******78.79	-01038024
Enclosed is an origin \$70.00 Filing Fee	al and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: CORINE OSBOURNE Name (Printed or typed) 1801 BRANTLEY RD #1910				
	FT. MYERS City, S (941) 418 06	FL 3390 tate & Zip 42 ephone number	SEGRE FACT JE STÂLE TALLAHASSEE, FLORIDA	

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

APR 0.6 2001



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:

LMO PARAMEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1801 BRANTLEY RD, # 1910

FT MYERS, FL 33907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE SERVICE TO

INSURANCE COMPANIES.

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares @ \$1 per 5HARE

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s) and address(es):

CORINE OSBOURNE

1801 BRANTLEY RO, #1910

FT MYERS, FL 33907

FILED

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CRETANT OF JIATE

LAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

1801 BRANTLEY RD, #1910

FT MYERS, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CORINE OSBOURNE

1801 BRANTLEY RD, #1910

PT. MYERS, FC 33907

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

Osloceve Signature/Registered Agent

03/28/01

Date

Signature/Incorporator

03 38 01 Date