# 000472

May 3, 2001

Division of Corporations, New Corporations POB 6327 Tallahassee, FL 32314

Dear Sir,

Enclosed is our check for \$78.75 for Dor-Sar Patient Transport, Inc. for a certified copy of the articles of incorporation and a certificate of incorporation.

Please return the documents to:

Ben H. Moore 1400 West Fairbanks Avenue, Ste 201 500004139425 Winter Park, FL 32789

-05/07/01--01111--012 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Thank you for your attention to this matter.

Sincerely,

Ben H. Moore

# ARTICLES OF INCORPORATION

2001 MAY -7 ATT 9: 56

SIGNE WAY IT STATE TALLAHASSEF FLORIDA

Dor-Sar Patient Transport, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE | NAME

The name of the corporation shall be:

Dor-Sar Patient Transport, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5041 City Street #1732 Orlando, FL 32839

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares at a \$1.00 Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paul W. Rowe 5041 City Street #1732 Orlando, FL 32839

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Paul W. Rowe 5041 City Street #1732 · Orlando, FL 32839

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, 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.

1. The name	e of the corporation is:_	Dor-Sa	r Patient	Transp	ort,
		Inc.			
	-				
2. The name and address of the registered agent and office is:					
	F	aul W. Rowe		260 TAL	-
		(Name)			F -
	5041 C	ity Street #1732		3 7	<u>.</u> :
	(P.O	. Box <u>not</u> acceptable)			
	Orlando, FL 32839			7 E	÷ ′
	(City/State/Zip)				**
Having beer above stated the appoint to comply wi mance of my as registered	n named as registered a d corporation at the place nent as registered agen ith the provisions of all s r duties, and I am familia d'agent.	gent and to accept se le designated in this of tand agree to act in the statutes relating to the r with and accept the	rvice of proceertificate, I for the second in the second i	cess for the hereby acc I further of complete of my pos	ne cept agree perfor- sition
$\times$	X		5/2/2	1	
/	(Signature)		(Date)		