

P03000018450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100011406631

02/10/03--01033--015 **87.50

FILED
03 FEB 10 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

• Department of State
• Division of Corporations
• P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: FIRST RESPONSE MEDICAL U.S.A., INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT A. CERMAK
Name (Printed or typed)

26170 MIRA WAY
Address

BONITA SPRINGS, FLORIDA 34134
City, State & Zip

(239) 498-7892
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

FILED

03 FEB 10 PM 1:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I NAME

The name of the corporation shall be:

FIRST RESPONSE MEDICAL U.S.A., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

FIRST RESPONSE MEDICAL U.S.A., INC.
5335 12TH AVENUE S.W.
NAPLES, FLORIDA 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALE OF DEFIBRILLATION DEVICES AND ACCESSORIES

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ROBERT A. CERMAK, PRESIDENT
21670 MIRA WAY
BONITA SPRINGS, FLORIDA 34134

ARTICLE VI REGISTERED AGENT

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

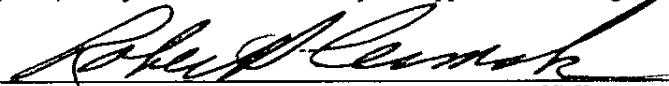
ROBERT A. CERMAK
21670 MIRA WAY
BONITA SPRINGS, FLORIDA 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

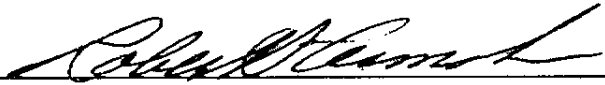
ROBERT A. CERMAK
21670 MIRA WAY
BONITA SPRINGS, FLORIDA 34134

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



Signature/Registered Agent ROBERT A. CERMAK

2-4-03
Date



Signature/Incorporator

2-4-03
Date