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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: WILCARE MEDICAL SERVICES INCORPORATED

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PV REQUIRED
FROM:	3927 MONT	A · ASHIE (Printed or typed) TESINO DR. Address	1√∈
	ROCKLEDGE	- -	.955
	City,	, State & Lip	

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)

ARTICLE I NAME

The name of the corporation shall be:

MEDICAL SERVICES INCORPORATED WILCARE

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3927 MONTESINO DRIVE ROCKLEDGE, FLORIDA 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NOW EMERGENCY TRANSPORT OF

ARTICLE IV SHARES

The number of shares of stock is:

(TEN)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

A. ASHIE - 3927 MONTESINO DRIVE, 1) FRANCIS - PRESIDENT ROCKLEDGE Th 32955

R. ASHIE-3927 MONTESINO DRIVE (5) JACQUELINE ROCKLEDGE, FL 32955 PRESIDE

ARTICLE VI REGISTERED AGENT

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

FRANCIS ASHIE Α.

3927 MONTESINO DRIVE

ROCKLEDGE, FLORIDA 32955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANCIS ASHIE Α.

MONTESINO DRIVE

ROCKLEDGE, FLORIDA 32955

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 Signature/Incorporator

March 25, 2004

March 25, 2004

Date