FROM:



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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number: 104512000707 Phone: (305)266-4080 Fax Number: (305)221-2388 STUBETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

MIAMI DADE MEDICAL TRANSPORTATION, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: MIAMI DADE MEDICAL TRANSPORTATION, INC.

ARTICLE II PRINCIPAL OFFICE

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

720 S.E. 6 PLACE HIALEAH, FL. 33010

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ICOMMON SHARES.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELIZABETH M. RODRIGUEZ 720 S.E. 6 PLACE HJALEAH, FL.33010

Prepared by: ELIZABETH M. RODRIGUEZ

720 S.E. 6 PLACE HIALEAH, FL. 33010 786 5474690

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC.

3850 S.W. 87 AVE, SUITE 307

MIAMI, FL. 33165 (305) 2664080 SECRETARY OF STATE MILAHASSEF FLORE

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ARTICLE V INCORPORATOR(S)

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

ELIZABETH M. RODRIGUEZ 720 S.E 6 PLACE HIALEAH, FL. 33010 DIRECTOR & PRESIDENT

MERCEDES GUEVARA 720 S.E 6 PLACE HIALEAH, FL. 33010 DIRECTOR & PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3	day of	NOVEMBER, , 2004.	
		Disk.	
		Signature	
		Signature	
		Signature	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 of the corporation is: MIAMI-DADE MEDICAL TRANSFERTATION, INC.

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SECRETARY OF STATE
ANALYSEE, FLORIDA

2. The name and address of the registered agent and office is:

ELIZABETH M. RODRIGUEZ - 720 S.E 6 PLACE HIALEAH, FL. 33010

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as

registered agent and agree to not in this capacity. I further agree to comply with the provisions of all statutes relating to the Proper and complete performance of my duties, and I am familiar with and accept the abligations of my position as registered agent.

NATURE)

(DATE) 11-03-04

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