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Page 1 of 1
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

E.A.L. MEDICAL TRANSPORTATION, CORP.

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**ARTICLES OF INCORPORATION
OF
E.A.L. MEDICAL TRANSPORTATION, CORP.**

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

ARTICLE I - NAME

The name of the corporation shall be: E.A.L. MEDICAL TRANSPORTATION, CORP.

The principal place of business of this corporation shall be:

18731 NW 89TH PL.
HALEAH, Florida 33018

ARTICLE II - NATURE OF BUSINESS

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States of America, the State of Florida, or any other state, country, territory or nation.

ARTICLE III - CAPITAL STOCK

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 1,000 shares of common stock having no par value.

ARTICLE IV - TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V - INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of one member.

The number of directors may be increased or decreased from time to time by vote of the Board of Directors. In no case shall the number of directors be less than one nor more than 15.

The name (s) and address (s) of the director constituting the initial Board of directors is:

<u>Name</u>	<u>Address</u>
ENRIQUE J. LAMELAS	18731 NW 89 TH PL. Hialeah, Florida 33018
AMARILIS VILLARINO	18731 NW 89 TH PL. Hialeah, Florida 33018

ARTICLE VI - INCORPORATOR (S)

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

<u>Name</u>	<u>Address</u>
ENRIQUE J. LAMELAS	18731 NW 89 TH PL. Hialeah, Florida 33018

The undersigned has (have) executed these Articles of Incorporation this 18th day of January, 2005


Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICER**

Pursuant to the provisions of sections 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 officer/registered agent, in the State of Florida.

1. The name of the corporation is:

E.A.L. MEDICAL TRANSPORTATION, CORP.

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

**AMARILIS VILLARINO
18731 N.W. 89TH PL.
HIALEAH, Florida 33018**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED, AS REGISTERED AGENT I AGREE TO ACT 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


SIGNATURE

8/25/06
DATE

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