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| (Re                                     | questor's Name)   |           |  |  |
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| - (Ad                                   | dress)            |           |  |  |
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| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |
| (Bu                                     | siness Entity Nan | ne)       |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |
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SECRETARY OF STATE

FEB 1 8 2019 K Brumbley

#### **COVER LETTER**

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

SUBJECT: Davidson Emergency Medical Services, P.A.

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

#### FEES:

| Certificate of Domestication                 | \$        | 50.00  |
|--|-----------|--------|
| Articles of Incorporation and Certified Copy | <u>\$</u> | 78.75  |
| Total to domesticate and file                | S         | 128.75 |

#### **OPTIONAL:**

Certificate of Status \$ 8.75

Peter Davidson, D.O.

Name (printed or typed)

71 Creek Bridge Way

Address

Watersound, FL 32461-8500

City, State & Zip

402-730-6306

Daytime Telephone Number

otgrid2018@gmail.com

E-mail address: (to be used for future annual report notification)

L. BRUCE WRIGHT ROBERT J. ROUTH DAVID R. BUNTAIN DAVID R. BUNTAIN
SCOTT D. KELLY
TERRY R. WITTLER
MARK A. CHRISTENSEN
RICHARD P. GARDEN, JR.
SHAWN D. RENNER
JOHN C. MILES
THOMAS C. HUNTON
DON R. JANSSEN
SUSAN K. SAPP
KEVIN J. SCHNEHDER
GARY R. BATENHORNT
JILL GOSSIN JENSEN
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ROCHELLE A. MULLEN JOHN C. HEWTIT ROCHELLE A. MULLEN TRENTEN E BAUNCH MICHAEL C. PALLESEN RICHARD P. JEFFRIES TRACY A. OLDEMEYER PAMELA EPT OLSEN TRENT R. SIDDERS ANDRE R. BARRY DAMILLE BOLLTIL ANDRE R. BARRY
DAVID J. ROUTH
JANON R. YUNGTUM
MEGAN S WRIGHT
THERESA D. KOLLER
AUSTIN L. MCKULIP
KETH T. PETERS
ANDREW R. WILLIS
TARA A. STINGLEY
SEAN D. WHITE
MICHELLE L. SITORIUS

# CLINE WILLIAMS Wright Johnson & Oldfather, L.L.P.

ATTORNEYS AT LAW ESTABLISHED 1857

233 SOUTH 13TH STREET 1900 U.S. BANK BUILDING LINCOLN, NEBRASKA 68508-2095

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February 4, 2019

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GERRING
RICHARD A. SPELLMAN
DAVID O COLVER+
KIMBRA L. KILLIN+
DONALD E BURT (INACTIVE)
STEPHEN H. NELSEN (INACTIVE) DANIEL R. STOGSDILL (1957-2018)

TAITORNEYS ADMITTED IN COLORADO ONLY

#### VIA CERTIFIED MAIL

Department of State Division of Corporations PO Box 6328 Tallahassee, FL 32314

Re:

Davidson Emergency Medical Services, P.A. -

Certificate of Domestication

To Whom It May Concern:

I represent Davidson Emergency Medical Services, P.A. Enclosed please find the Certificate of Domestication, Articles of Incorporation, and a check in the amount of \$128.75 representing the filing fees. Please return a copy of the filed Certificate of Domestication to me in the enclosed postage-paid envelope. If you have any questions, please feel free to contact me at (402) 479-7136 or via email at ajanecek@clinewilliams.com.

Sincerely,

Alison K. Janecek

alison Janecek

For the Firm

Enclosures

4851-1000-3335, v. 1

## CERTIFICATE OF DOMESTICATION

| The undersigned | d. Peter Davidson, D.O.   | President          |                              |
|-----------------|---|--------------------|------------------------------|
| _               | (Name)  | 1)                 | litle)                       |
| of Davidson     | Emergency Medical Services, P.C.  |                    | _a foreign corporation,      |
| n accordance w  | (Corporation Name)<br>with s. 607.1801, Florida Statutes, does hereby   | certify:           |                              |
| . The date on   | which corporation was first formed was Dec  | cember 13          | 2012                         |
| -               | tion where the above named corporation was being was Nebraska   | first formed, inco | orporated, or otherwise      |
|                 | f the corporation immediately prior to the filin<br>son Emergency Medical Services, P.  | •                  | ate of Domestication         |
| I. The name o   | f the corporation, as set forth in its articles of  | incorporation, to  | be filed pursuant to         |
|                 | and 607.0401 with this certificate is n Emergency Medical Services, P.A.  |                    |                              |
| administrati    | tion that constituted the seat, siege social, or pon of the corporation, or any other equivalent before the filing of the Certificate of Domest | jurisdiction unde  |                              |
| to s. 607.180   | e Florida articles of incorporation to complete<br>01.  | the domesticatio   | n requirements pursuant      |
| am Presider     | nt of Davidson Emergency M  | edical Service     | s, P.C.                      |
|                 | zed to sign this Certificate of Domestication o   | n behalf of the co | orporation and have done     |
|                 | Pot 26  | 21                 |                              |
|                 | (Authorized Signatur  | e)                 |                              |
|                 |   |                    | =1                           |
|                 | Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Total to domesticate and file                                  |                    | 2019 FEB<br>SECRETA<br>78.75 |

#### **ARTICLES OF INCORPORATION**

IN COMPLIANCE WITH CHAPTER 607, F.S.

#### ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: Davidson Emergency Medical Services, P.A. ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address Mailing Address 71 Creek Bridge Way, Watersound, FL 32461-8500 71 Creek Bridge Way, Watersound, FL 32461-8500 ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Through its officers, shareholders, and employees who are duly licensed to practice medicine in the State of Florida, to engage in the professional service of medicine in Florida.

### ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

| Title/Name Peter Davidson, D.O., President     | Title/Name |
|--|------------|
| 71 Creek Bridge Way, Watersound, FL 32461-8500 |            |
|  |            |
| Title/Name                                     | Title/Name |
| Peter Davidson, D.O., Secretary                |            |
| 71 Creek Bridge Way, Watersound, FL 32461-8500 |            |
|  |            |
| Title/Name                                     | Title/Name |
| Peter Davidson, D.O., Treasurer                |            |
| 71 Creek Bridge Way, Watersound, FL 32461-8500 |            |
|  |            |
| Title/Name                                     | Title/Name |
| Peter Davidson, D.O., Director                 |            |
| 71 Creek Bridge Way, Watersound, FL 32461-8500 |            |
|  |            |

| Peter Davidson, D.O.   |  |
|--|--|
| 71 Creek Bridge Way, Watersound, FL 32461-8500   |  |
|  |  |
| ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:  |  |
| Peter Davidson, D.O.   |  |
| 71 Creek Bridge Way. Watersound, FL 32461-8500   |  |
|  |  |
|  |  |
| **************************************   | ************************************** |
| HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEP<br>STATED CORPORATION AT THE PLACE DESIGNATED IN THIS O<br>ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGR | ERTIFICATE, I AM FAMILIAR WITH AND     |
| p. + 500/  | 01-29-2019                             |
| Signature/Registered Agent   | Date $01-29-2019$                      |
| Signature/Incorporator   | Date                                   |

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: