

P96000009540

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Medics Van Services, Inc.

96 JAN 30 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/>	Capital Express™		
<input checked="" type="checkbox"/>	Art. of Inc. File		
<input type="checkbox"/>	Corp. Record Search		
<input type="checkbox"/>	Ltd. Partnership File		
<input type="checkbox"/>	Foreign Corp. File		
<input type="checkbox"/>	(-1) Cert. Copy(s)		
<input type="checkbox"/>	Art. of Amend. File		
<input type="checkbox"/>	Dissolution/Withdrawal		
<input type="checkbox"/>	C U S-		
<input type="checkbox"/>	Fictitious Name File		
<input type="checkbox"/>	Name Reservation	2000011701582	30730298-01075-016
<input type="checkbox"/>	Annual Report/Reinstatement	****70.00	****70.00
<input type="checkbox"/>	Reg. Agent Service		
<input type="checkbox"/>	Document Filing		
<input type="checkbox"/>	Corporate Kit		
<input type="checkbox"/>	Vehicle Search		
<input type="checkbox"/>	Driving Record		
<input type="checkbox"/>	Document Retrieval		
<input type="checkbox"/>	UCC 1 or 3 File		
<input type="checkbox"/>	UCC 11 Search		
<input type="checkbox"/>	UCC 11 Retrieval		
<input type="checkbox"/>	File No.'s, _____ Copies		
<input type="checkbox"/>	Courier Service		
<input type="checkbox"/>	Shipping/Handling		
<input type="checkbox"/>	Phone () _____		
<input type="checkbox"/>	Top Priority		
<input type="checkbox"/>	Express Mail Prep.		
<input type="checkbox"/>	FAX () _____ pgs.		

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____

DATE 1/30/96 _____

TIME 2:00 _____ CK No. _____

BY CD _____

WALK-IN
Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

January 30, 1996

CAPITAL CONNECTION, INC.
P O BOX 10349
TALLAHASSEE, FL 32308

SUBJECT: MEDICS VAN SERVICES, INC.
Ref. Number: W96000002307

We have received your document for MEDICS VAN SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 396A00004099

Corrected

RECEIVED
96 JAN 30 PM 3 46
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF
MEDICS VAN SERVICES, INC.

FILED
96 JAN 30 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation.

ARTICLE I

The name of the corporation is MEDICS VAN SERVICES, INC.

ARTICLE II

The period of its duration is perpetual.

ARTICLE III

The purpose of this corporation is to engage in any activities or business permitted under the laws of the United States or Florida.

ARTICLE IV

The corporation is authorized to issue one thousand (1,000) shares, all of one class at one dollar (\$1.00) par value.

ARTICLE V

The name and address of the incorporator signing these Articles of Incorporation is:

Malcolm Cohen
1776 East Sunrise Blvd.
Fort Lauderdale, FL 33304

ARTICLE VI

This corporation shall have one (1) director initially. The number of directors may either be increased or decreased from time to time by an amendment of the By-Laws of the corporation in the manner provided by law, but shall never be less than one. The name and address of the initial director of this corporation is:

Malcolm Cohen
1776 East Sunrise Blvd.
Fort Lauderdale, FL 33304

ARTICLE VII

The name of the initial registered agent and the registered office address of this corporation is as follows: The principal address and the registered office address are the same.

Malcolm Cohen
1776 East Sunrise Blvd.
Fort Lauderdale, FL 33304

ARTICLE VIII

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendments hereto, and any rights conferred upon the shareholders is subject to reservation.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 25 day of January, 1996.


MALCOLM COHEN

FILED


STATE OF FLORIDA)
)
COUNTY OF BROWARD)

96 JAN 30 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, personally appeared, **MALCOLM COHEN**, to me known to be the individual described in and who executed the foregoing Certificate of Incorporation of **MEDICS VAN SERVICES, INC.**, and he acknowledged before me that he freely and voluntarily did so according to the law.




Print Name: Stephen T. Adams
Notary Public

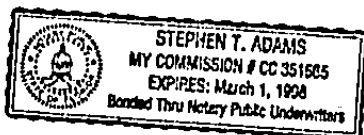
My Commission Expires: 3/1/98

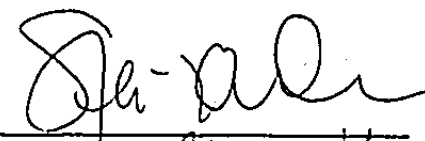
I, **MALCOLM COHEN**, do hereby accept the office of Registered Agent for the corporation **MEDICS VAN SERVICES, INC.**, and the responsibilities and duties thereof.


MALCOLM COHEN

STATE OF FLORIDA)
)
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared, **MALCOLM COHEN**, to me known to be the individual described in and who executed the foregoing Acceptance of the Office of Registered Agent for the corporation, **MEDICS VAN SERVICES, INC.**, and he acknowledged before me that he freely and voluntarily did so according to the law.




Print Name: Stephen T. Adams
Notary Public

My Commission Expires: 3/1/98