

P96000049443

TRANSMITTAL LETTER

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

EFFECTIVE DATE  
5-24-96

SUBJECT: MEH TRANS INC.  
(Proposed corporate name - must include suffix)

100001841591  
-05/29/96--01002--007  
\*\*\*\*131.25 \*\*\*\*131.25

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

THE M. GILBERT  
Name (printed or typed)

403 SW 148 AVE. #1  
Address

PEMBROKE PARK, FL 33027-1307  
City, State & Zip

(904) 437-0177  
Daytime Telephone number

FILED  
96 MAY 29 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. REGISTER JUN 3 1996  
789, 135, 671  
W96-11675

NOTE: Please provide the original and one copy of the articles.



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

June 3, 1996

**JILL M GILBERT**  
**403 SW 148 AVE #1**  
**PEMBROKE PINES, FL 33027-1307**

**SUBJECT: MED TRANS INC.**  
**Ref. Number: W96000011675**

We have received your document for MED TRANS INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for microfilming.

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) 487-6919.

**Beth Register**  
**Corporate Specialist Supervisor**

**Letter Number: 096A00027722**

## **ARTICLES OF INCORPORATION**

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### **ARTICLE I NAME**

The name of the corporation shall be:

Med Trans Inc.

EFFECTIVE DATE  
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TALLAHASSEE, FLORIDA

### **ARTICLE II PRINCIPAL OFFICE**

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

One Golf Manor  
403 SW 148 Avenue  
Pembroke Pines FL 33027-1307

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Jill M. Gilbert  
ONE GOLF MANOR  
403 S.W. 148TH AVENUE  
PEMBROKE PINES, FL 33027-1307

**ARTICLE V  
INCORPORATOR**

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

Jill M. Gilbert  
ONE GOLF MANOR  
403 S.W. 148TH AVENUE  
PEMBROKE PINES, FL 33027-1307

**ARTICLE VI  
OFFICERS AND DIRECTORS**

The name and street address of the initial president and director of the corporation is:

Jill M. Gilbert  
ONE GOLF MANOR  
403 S.W. 148TH AVENUE  
PEMBROKE PINES, FL 33027-1307

**ARTICLE VI  
PURPOSE**

The purpose of the corporation is:

to generate medical reports and assist in communications,  
serving the medical community.

**ARTICLE VII  
EFFECTIVE DATE**

The effective date of the corporation is:

May 24, 1996

The undersigned incorporator has executed these Articles of Incorporation this 22nd day of May, 1996.

  
\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

Med Trans Inc.

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

Tim M. CUBERT  
(NAME)

403 SW 148 Ave. #1  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Panama City, FL 32027-1347  
(CITY/STATE/ZIP)

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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 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)

05/22/96  
(DATE)