

P97000041390

TRANSMITTAL LETTER  
FILED

97 MAY -9 AM 11:14

TALLAHASSEE, FLORIDA

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

7000002172897--0  
-05/09/97--01068--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Disaster and Trauma Management  
(Proposed corporate name - must include suffix)  
Initiatives, Inc.

EXPIRATION DATE

5-2-97

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

RECEIVED  
97 MAY -9 AM 11:08

FROM: Kathleen R. Peger-Waldroup  
Name (Printed or typed)

14951 E. Falcon's Lea Dr.  
Address

Dave H. 33331  
City, State & Zip

954-680-0326  
Daytime Telephone number

PK 5/9/97  
WILL WAIT

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

ARTICLES OF INCORPORATION

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

TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Disaster and Trauma Management Initiatives, Inc.

EFFECTIVE DATE

5-2-97

ARTICLE II PRINCIPAL OFFICE

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

14951 E. Falcons Lea Drive  
Davie, Florida 33331

Mailing Address  
4244 W. Tennessee St.,  
Suite 386

ARTICLE III SHARES

Tallahassee, Fl. 32304

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kathleen R. Regan-Waldroup  
14951 E. Falcons Lea Drive  
Davie, Florida 33331

ARTICLE V INCORPORATORS

The names and street address of the incorporators to these Articles of Incorporation are:

Kathleen Rita Regan-Waldroup and Michael Andrew Waldroup  
14951 East Falcons Lea Drive  
Davie, Florida 33331

This corporation shall commence as of May 2, 1997.  
The undersigned incorporators have executed these Articles of Incorporation this 1st day of May, 1997. ~~This date shall be the effective date.~~

16/ Kathleen R. Regan-Waldroup Michael A. Waldroup  
Kathleen Rita Regan-Waldroup Michael Andrew Waldroup

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

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TALLAHASSEE, FLORIDA

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 Disaster and Trauma Management Initiatives, Inc.

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

Kathleen R. Regan-Waldroup  
(NAME)

14951 E. Falcons Lea Dr.  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Davie, Florida 33331  
(CITY/STATE/ZIP)

*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.*

Kathleen R. Regan-Waldroup May 1, 1997  
(SIGNATURE) (DATE)