

Florida Department of State

Division of Corporations

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Account Number: 076630000526 Phone : (850)769-3434

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BASIC AMENDMENT

SOUTHERN MEDICAL TRANSPORTATION, INC.

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| Certificate of Status | 0 |
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ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF SOUTHERN MEDICAL TRANSPORTATION, INC.

Pursuant to the provisions of Section 607.1006, Fla. Stat., the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The text of the amendment is as follows:

ARTICLE VI - BOARD OF DIRECTORS

This corporation shall have one director. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name and address of the Director of this corporation is:

SAMUEL MARTIN KUHNS, 2003 Clay Avenue Panama City, Florida 32405

2. The name and address of the Registered Agent of this corporation is:

SAMUEL MARTIN KUHNS 2003 Clay Avenue Panama City, Florida 32405

- 3. The number of votes cast for the amendment on January 31, 2002, by the shareholders was sufficient for approval.
- 4. The text of the amendment was unanimously approved by the shareholders on January 31, 2002, and unanimously adopted by the Board of Directors on January 31, 2002.

Dated this 31 day of January, 2002.

SAMUEL MARTIN KUHNS, President

SAMUEL MARTIN KUHNS, Treasurer/Secretary

THIS INSTRUMENT PREPARED BY: Carbita Applemen-Moniz Florida Ber No. 0275890 HARRISON, SALE McCLOY & THOMPSON, CHTD POST OFFICE BOX 1579 304 MAGNOLIA AVENUE PANAMA CITY, FLORIDA 32402 (850) 769-3434 Fax Audit # m02000028170 7

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provision of Chapter 607.0501, Florida Statutes, the corporation identified below, being 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:

SOUTHERN MEDICAL TRANSPORTATION, INC.

2. The name and address of the Registered Agent and office is:

SAMUEL MARTIN KUHNS 2003 Clay Avenue Panama City, Florida 32405

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 then proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Dated this 31 % day of January, 2002.

THIS INSTRUMENT PREPARED BY: Carlotta Appleman-Moniz Florida Bar No. 0275880 HARRISON, SALE MCCLOY & THOMPSON, CHTD POST OFFICE BOX 1579 304 MAGNOLIA AVENUE PANAMA CITY, FLORIDA 32402 (850) 769-3434