

MERCY

5/20/2015

Attn: Rosemary Chiavetta

A-2012-2329755

This Letter is to notify Commonwealth Of Pennsylvania PUC with new DBA for MERCY
AMBULANCE & EMS, INC.

Our new DBA is: MERCY FLEET

As of today we are currently using our legal name: MERCY AMBULANCE & EMS, INC and TWO
DBAs:

- 1) MERCY AMBULANCE
- 2) MERCY FLEET

Please save our new info on the file.

Thank you for your time

Anastasia Andries

Sincerely,
Anastasia Andries
PRESIDENT
MERCY Ambulance

Office: 215-660-4911
Fax: 215-882-9666
office@mercyemsteam.com
www.mercyemsteam.com

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

DBA

MERCY FLEET

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4349621

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Granovsky, Alla, CPA, P.C
275 E Street Rd Suite 3
Feasterville, PA 19053

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Application for Registration of Fictitious Name
54 Pa.C.S. § 311

Name ALLA GRANOVSKY CPA , P.C		
Address 275 E STREET RD SUITE 3		
City	State	Zip Code
FEASTERVILLE	PA	19053

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
FICTITIOUS NAME 2 Page(s)



Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
MERCY FLEET

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
TRANSPORTATION

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):
3021 FRANKS RD SUITE 8 HUNTINGDON VY PA 19006 MONTGOMERY
Number and street City State Zip County

4. The name and address, including number and street, if any, of each individual interested in the business is:
Name Number and Street City State Zip

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MAY 21 2015
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SECRETARY'S BUREAU

5. Each entity, other than an individual, interested in such business is (are):

MERCY AMBULANCE & EMS INC	S-CORP	PA
Name	Form of Organization	Organizing Jurisdiction
3021 FRANKS RD SUITE 8 HUNTINGDON VALLEY, PA 19006		
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

INTESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

16 day of APRIL, 2015.

Individual Signature	Individual Signature
Individual Signature	Individual Signature
Mercy Ambulance & EMS Inc.	Entity Name
Anastasia Andries	Signature
PRESIDENT	Title

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

DBA

MERCY Ambulance

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ENTITY NUMBER: 4064848

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

MERCY AMBULANCE & EMS INC
2840 Pine Road Suite B1
Huntingdon Valley, PA 19006

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Application for Registration of Fictitious Name
54 Pa.C.S. § 311

Name	MERCY AMBULANCE & EMS, INC		
Address	2840 Pine Road Suite B-1		
City	State	Zip Code	
Huntingdon Valley	PA	19006	

Document will be returned to the name and address you enter to the left.



Commonwealth of Pennsylvania
FICTITIOUS NAME 2 Page(s)



Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: MERCY Ambulance

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Ambulance Service

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

2840 Pine Rd. Suite B-1 Huntingdon Valley PA 19006 Montgomery
Number and street City State Zip County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State
<u>ANASTASIA ANDRIES</u>	<u>2840 Pine Rd, Suite B-1,</u>	<u>Huntingdon Valley,</u>	<u>PA</u>

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OCT 31 2011

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. Optional: The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

25 day of October, 2011.

<i>Anastasia Andries</i>	
Individual Signature	Individual Signature
Individual Signature	Individual Signature
MERCY AMBULANCE & EMS, INC	
Entity Name	Entity Name
<i>Anastasia Andries</i>	
Signature	Signature
President	
Title	Title

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

MERCY AMBULANCE & EMS INC

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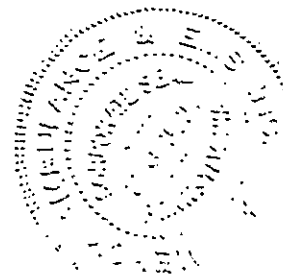
ENTITY NUMBER: 4040845

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Z & S SERVICES, INC.
9827 B Bustleton Avenue, Unit B
Philadelphia, PA 19115



PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Incorporation-For Profit

(15 Pa.C.S.)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Business-stock (§ 1306) | <input type="checkbox"/> Management (§ 2703) |
| <input type="checkbox"/> Business-nonstock (§ 2102) | <input type="checkbox"/> Professional (§ 2903) |
| <input type="checkbox"/> Business-statutory close (§ 2303) | <input type="checkbox"/> Insurance (§ 3101) |
| <input type="checkbox"/> Cooperative (§ 7102) | |

Name Z & S SERVICES, INC		
Address 9827 BUSTLETON AVE UNIT #B		
City PHILADELPHIA, PA	State PA	Zip Code 19115

Commonwealth of Pennsylvania
ARTICLES OF INCORPORATION 3 Page(s)



Fee: \$125

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (*corporate designator required, i.e., "corporation", "incorporated", "limited" "company" or any abbreviation. "Professional corporation" or "P.C."*):

MERCY AMBULANCE & EMS INC

2. The (a) address of this corporation's current registered office in this Commonwealth (*post office box, alone, is not acceptable*) or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
2840 PINE ROAD SUITE B1	HUNTINGDON VALLEY	PA	19006	MONTGOMARY

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized: **500 non par value**

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JUN 29 2011



5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

Name

Address

ANASTASIA ANDRIES 9921 BUSTLETON AVE E-10 PHILADELPHIA PA 19115

6. The specified effective date, if any: _____
month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. *Statutory close corporation only.* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. 77a et seq.)

9. *Cooperative corporations only: Complete and strike out inapplicable term:*

The common bond of membership among its members/shareholders is: _____

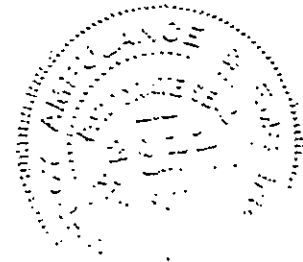
IN TESTIMONY WHEREOF, the incorporator(s)
has/have signed these Articles of Incorporation this

24 day of JUNE 11

Andries

Signature

Signature



One (1) copy required

BUREAU USE ONLY:
Dept. of State Entity # _____
Dept. of Rev. Box # _____
Filing Period _____ Date 3 4 5 _____
SIC/NAICS _____ Report Code _____

Check proper box:

Pennsylvania Entities

business stock
 business non-stock
 professional
 nonprofit stock
 nonprofit non-stock
 statutory close
 management
 cooperative
 insurance
 limited liability company
 restricted professional
limited liability company
 business trust

Foreign Entities

State/Country _____ Date _____

business
 nonprofit
 limited liability company
 restricted professional
limited liability company
 business trust

Other

domestication
 division
 consolidation

1. Entity Name:
MERCY Ambulance & EMS INC

2. Individual name and mailing address responsible for initial tax reports:
ANASTASIA ANDRIES 9921 BUSTLETON AVE F-10 PHILADELPHIA PA 19115
Name Number and street City State Zip

3. Description of business activity:
AMBULANCE SERVICES AND OTHER MISC SERVICES

4. Specified effective date, if any:

month/day/year hour, if any

5. EIN (Employer Identification Number), if any:
APPLIED

6. Fiscal Year End:
12/31

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name):

