



STATE CORPORATION COMMISSION

Richmond,

March 9, 1976

This is to Certify that the certificate of incorporation of

Peninsulas Emergency Medical Services Council

*was this day issued and admitted to record in this office
and that the said corporation is authorized to transact its
business subject to all the laws of the State applicable to
the corporation and its business.*

State Corporation Commission

William L. Jones
Clerk of the Commission

ARTICLES OF INCORPORATION

The undersigned hereby associate to form a non-stock, non-profit corporation under the provisions of Chapter 2, Title 13.1 of the Code of Virginia of 1950, as amended, and to that end set forth the following:

ARTICLE I - NAME

The name of this Corporation shall be the "Peninsulas Emergency Medical Services Council."

ARTICLE II - PURPOSES

The purposes of the Corporation are purely benevolent and charitable in nature and are:

1. To establish an emergency medical services system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services in the designated geographical area under emergency conditions.
2. To administer the emergency medical services system which will include an adequate number of health professionals, allied health professionals, and other health personnel, including ambulance personnel, with appropriate training and experience.
3. To provide for its personnel appropriate training (including clinical training) and continuing education programs which are coordinated with other programs in the system's service area which provide similar training and education, and emphasize recruitment and necessary training of veterans of the Armed Forces of the United States with military training and experience in health care fields and of appropriate public safety personnel in such area.
4. To join the personnel, facilities, and equipment of the system by a central communications system so that requests for emergency health care services will be handled by a communications facility which utilizes emergency medical telephonic screening; utilizes the universal emergency telephone number 911; and will have direct communication connections and interconnections with the personnel, facilities, and equipment of the system and with other appropriate emergency medical services systems.

14. To provide for periodic, comprehensive, and independent review and evaluation of the extent and quality of the emergency health care services provided in the system's service area, and submission to the Virginia Commissioner of Health and the U.S. Department of Health, Education, and Welfare of the reports of each such review and evaluation.
15. To have a plan to assure that the system will be capable of providing emergency medical services in the system's service area during mass casualties, natural disasters, or national emergencies.
16. To provide for the establishment of appropriate arrangements with emergency medical services systems or similar entities serving neighboring areas for the provisions of emergency medical services on reciprocal basis where access to such services would be more appropriate and effective in terms of the services available, time and distance.
17. To engage in any activity as is envisioned by Sections 1202, 1203, and 1204 of the Public Health Service Act as added by Public Law 93-154 and such other Federal and State law or local ordinance as may affect or control regional emergency medical services systems.

ARTICLE III - VOTING POWER

The Corporation shall have no members with voting privileges and the entire voting power of the Corporation shall be vested in the Board of Directors.

ARTICLE IV - BOARD OF DIRECTORS

A. The initial Board of Directors shall consist of three members. Their terms of office shall terminate on nomination and election of a Board of Directors.

B. Participating health care providers, educational institutions, political subdivisions, the Corporation and other institutions or agencies as invited by the Corporation's Board of Directors will nominate candidates to the Corporation for election as Directors by the Board of Directors at the Corporation organizational and annual meeting, in accordance with the Corporation's Bylaws.

C. The Board of Directors shall at all times conform to the requirements of Sections 1202, 1203, and 1204, Public Health Service Act as added by Public Law 93-154, or any amendment or revision thereof or provisions of law which are successor thereto, which section presently requires that the emergency medical services system shall be organized in a manner that provides persons who reside in the system's service area and who have no professional training or financial interest in the provision of health care with an adequate opportunity to participate in the making of policy for the system.

ARTICLE VIII - DISAVOWAL OF PECUNIARY INTEREST

The Corporation is not organized for a pecuniary profit. It shall not have any power to issue certificates of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any director. The balance, if any, or all money received by the Corporation from its operations, after the payment in full of all debts and obligations of the Corporation of whatever kind or nature, shall be used and distributed exclusively for the charitable purposes which have heretofore been set forth explicitly in these Articles of Incorporation.

ARTICLE IX - REGISTERED OFFICE AND AGENT

The address of the Initial Registered Office of this Corporation is Suite 300, 2017 Cunningham Drive, Hampton, Virginia, 23666. The name of the City in which the Initial Registered office is located is the City of Hampton, Virginia. The name of the Initial Registered Agent at such address is Kenneth D. Garis, a resident of the State of Virginia and the City of Hampton, and a member of the Board of Directors.

ARTICLE X - BOARD OF DIRECTORS

The number of Directors constituting the Initial Board of Directors is three (3), whose names and addresses are:

John D. Hartman, 500 J. Clyde Morris Boulevard,
Newport News, Virginia 23602

Kenneth D. Garis, 2017 Cunningham Drive,
Hampton, Virginia 23666

Forrest D. McCoig, M.D., 23 Hertzler Road,
Newport News, Virginia 23602

ARTICLE XI - DURATION OF CORPORATION

There shall be no limit to the duration of the Corporation.

COMMONWEALTH OF VIRGINIA - STATE CORPORATION COMMISSION

NOTICE OF ASSESSMENT OF ANNUAL REGISTRATION FEE



Pursuant to §§ 13.1-775 (stock corporations) and 13.1-936 (nonstock corporations) of the Code of Virginia, each assessed corporation shall pay the annual registration fee required by law on or before the corporation's annual report due date determined in accordance with § 13.1-775 or § 13.1-936 of each year.

Payment is due **March 31, 2009** and must be received at the Commission on or before this date to avoid imposition of the statutory penalty. Postmarks cannot be considered.

RECEIVED
3/23/09

+ 0221205 000011152 09SCC1 0122462
PENINSULAS EMERGENCY MEDICAL SERVICES COUNCIL
JULIE GLOVER
6104 FIDDLER'S GREEN RD
PO BOX 2348
GLOUCESTER, VA 23061

APPROVED FOR PAYMENT
3-22-09
Approved by: [Signature]
 Make reimbursement copy
PENS Account #



SEND PAYMENT WITH COUPON TO:
STATE CORPORATION COMMISSION
CLERK'S OFFICE
P. O. BOX 7607
MERRIFIELD, VA 22116-7607

SEND CORRESPONDENCE AND OTHER DOCUMENTS TO:
STATE CORPORATION COMMISSION
CLERK'S OFFICE
P. O. BOX 1197
RICHMOND, VA 23218-1197

YOUR FILE COPY

(804) 371-9733 OR TOLL-FREE IN VIRGINIA (866) 722-2551

NAME: PENINSULAS EMERGENCY MEDICAL SERVICES COUNCIL
SCC ID NO. 0165140-5 2009

PLEASE NOTE THAT FAILURE TO RECEIVE PAYMENT ON OR BEFORE THE DUE DATE WILL RESULT IN THE IMPOSITION OF A LATE PAYMENT PENALTY OF 10% OR \$10.00, WHICHEVER IS GREATER, IN ADDITION TO THE ASSESSMENT. FAILURE TO RECEIVE PAYMENT ON OR BEFORE THE LAST DAY OF THE FOURTH MONTH IMMEDIATELY FOLLOWING THE DUE DATE WILL RESULT IN THE CORPORATION BEING AUTOMATICALLY TERMINATED (DOMESTIC CORPORATIONS) OR HAVING ITS CERTIFICATE OF AUTHORITY AUTOMATICALLY REVOKED (FOREIGN CORPORATIONS).

2041040165140509000025003

MAKE CHECK PAYABLE TO: TREASURER OF VIRGINIA		
PLEASE DO NOT SEND CASH		
REGISTRATION FEE	\$	25.00
PRIOR YEARS BALANCE	\$	0.00
PENALTY AFTER 03/31/09	\$	
TOTAL AMOUNT DUE	\$	25.00

XP-1324-000 Each Payment Coupon Along This Perforation

COMMONWEALTH OF VIRGINIA - STATE CORPORATION COMMISSION
NOTICE OF ASSESSMENT OF ANNUAL REGISTRATION FEE

SCC ID NO.
0165140-5 2009

RETURN THIS COUPON AND
INCLUDE YOUR SCC ID NO.
ON YOUR CHECK

PENINSULAS EMERGENCY MEDICAL SERVICES COUNCIL
JULIE GLOVER
6104 FIDDLER'S GREEN RD
PO BOX 2348
GLOUCESTER, VA 23061

DO NOT INCLUDE ANY OTHER
DOCUMENTS OR CORRESPONDENCE
WITH YOUR PAYMENT AND THIS
PAYMENT COUPON

MAKE CHECK PAYABLE TO: TREASURER OF VIRGINIA		
PLEASE DO NOT SEND CASH		
SEND PAYMENT WITH THIS COUPON TO: STATE CORPORATION COMMISSION CLERK'S OFFICE P.O. BOX 7607 MERRIFIELD, VA 22116-7607		
(804) 371-9733 OR TOLL-FREE IN VIRGINIA (866) 722-2551		
REGISTRATION FEE	\$	25.00
PRIOR YEARS BALANCE	\$	0.00
PENALTY AFTER 03/31/09	\$	
TOTAL AMOUNT DUE	\$	25.00

2041040165140509000025003

**2009 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



① CORPORATION NAME:
PENINSULAS EMERGENCY MEDICAL SERVICES COUNCIL

DUE DATE: **03/31/09**

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PRES.
JULIE GLOVER

SCC ID NO.: **0165140-5**

6104 FIDDLER'S GREEN RD
PO BOX 2348
GLOUCESTER, VA 23061

⑤ STOCK INFORMATION

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
136-GLOUCESTER COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 6104 FIDDLERS GREEN ROAD PO BOX 2348	ADDRESS:
CITY/ST/ZIP GLOUCESTER, VA 23061	CITY/ST/ZIP

⑦ DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JULIE GLOVER	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 1404 MERCER ROAD	ADDRESS:
CITY/ST/ZIP: GLOUCESTER POINT, VA 23062	CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

Julie Glover
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Julie Glover, President
PRINTED NAME AND CORPORATE TITLE

11/30/09
DATE

2009 ANNUAL REPORT CONTINUED

CORPORATION NAME:
PENINSULAS EMERGENCY MEDICAL SERVICES COUNCIL

DUE DATE: 03/31/09
SCC ID NO.: 0165140-5

⑦ **DIRECTORS AND PRINCIPAL OFFICERS (continued):**

All directors and principal officers must be listed.
 An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: DAVID BARRICK TITLE: VICE PRESIDENT ADDRESS: NEWPORT NEWS FIRE DEPARTMENT 2400 WASHINGTON AVE. CITY/ST/ZIP: NEWPORT NEWS, VA 23601	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: MARSHA WEATHERWAX TITLE: TREASURER ADDRESS: 4966 ELIZABETH LANE CITY/ST/ZIP: GLOUCESTER, VA 23061	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: CHERYL LAWSON, M.D. TITLE: MEDICAL DIR ADDRESS: RIVERSIDE REGIONAL MED CTR 500 J CLYDE MORRIS BLVD CITY/ST/ZIP: MNEWPORT NEWS, VA 23061	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

