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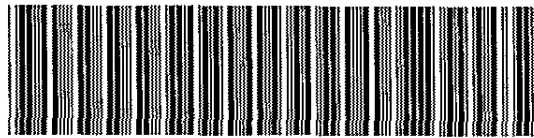
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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STATE TO ACKNOWLEDGE
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J. Shivers OCT 03 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 496053 7182683

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : October 2, 2006

ORDER TIME : 1:12 PM

ORDER NO. : 496053-005

CUSTOMER NO: 7182683

FOREIGN FILINGS

NAME: TEAM RADIOLOGY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake -- EXT# 2959

EXAMINER: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Team Radiology, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3. 56-1844186
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/06/1993 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1900 Winston Road, Suite 300, Knoxville, Tennessee 37919
(Principal office address)
1900 Winston Road, Suite 300, Knoxville, TN 37919
(Current mailing address)

8. Medical Staffing Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: Sarah K. Drake
(Registered agent's signature)

Sarah K. Drake
as its agent

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: H. Lynn Massingale, MD

Address: 1900 Winston Road, Suite 300

Knoxville, TN 37919

Director: Greg Roth

Address: 1900 Winston Road, Suite 300

Knoxville, TN 37919

B. OFFICERS

President: H. Lynn Massingale, MD

Address: 1900 Winston Road, Suite 300

Knoxville, TN 37919

Vice President: Greg Roth

Address: 1900 Winston Road, Suite 300

Knoxville, TN 37919

Secretary: John R. Stair, Asst. Sect.

Address: 1900 Winston Road, Suite 300, Knoxville, TN 37919

Treasurer: David Jones

Address: 1900 Winston Road, Suite 300, Knoxville, TN 37919

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. John R. Stair, Asst. Sect.

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of The Secretary of State

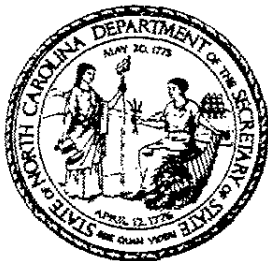
CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TEAM RADIOLOGY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of October, 1993, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of October, 2006.

Elaine F. Marshall

Secretary of State