Division of Corporations Public Access System

Electronic Filing Cover Sheet

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(((H060001535343)))

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : Florida Research & Filing Services, Inc.

Account Number : I20030000083 Phone : (850) 656-6446 Fax Number : (850)942-6446

FOREIGN PROFIT/NONPROFIT CORPORATION

PHYSICIAN PRACTICE SUPPORT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/8/2006

H06000153534

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Physician Practice Support, Inc.			
(Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Eileen Chaddock			
(Name of Person)			
Paranet			
(Firm/Company)			
3761 Venture Drive, Suite 260			
(Address)			
Duluth, GA 30096			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Eileen Chaddock at (800) 277-9977			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314			
Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
S70.00 Filing Fee \$\sum \square\squar			

H06000153534

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.

1.16., 00., 0	corporation; must include "INCORPORATEI corp." "Inc," "Co." or "Corp.")	D," "COMPANY," "CORPORATION,"
N/A		
	alt is Elected anter alternate compares ann	e adopted for the purpose of transacting business in Florida)
•	·	
Tenness	under the law of which it is incorporated)	(FEI number, if applicable)
July 9, 1	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
June 6,	• '	(Salaton Farange on Salaton Popular)
	(Date first transacted business	in Florids, if prior to registration) 1502, F.S., to determine penalty liability)
7100 Co	mmerce Way, Suite 100	, Brentwood, TN 37027
•	(Principal office ad	
7100 Co	mmerce Way, Suite 100), Brentwood, TN 37027
	(Current mailing ad	
Dilling	- d 11 d	
·	nd collection services s) of corporation authorized in home state or o	
	s) of composition authorized in nome state of (COMBRA to oc critica out in 21ste of Lights)
	•	
	et address of Florida registered agent: (P.	O. Down MOTI acceptables
	•	O. Down MOTI acceptables
Name and stree	et address of Florida registered agent: (P.	O. Down MOTI acceptables
Name and stree	NRAI Services, Inc.	Or., Ste 4
Name and stree	NRAI Services, Inc. 2731 Executive Park D	O. Down MOTI acceptables
Name and stree Name: Office Address:	NRAI Services, Inc. 2731 Executive Park D Weston (City)	Or., Ste 4
Name and stree Name: Office Address: 0. Registered a Javing been name	NRAI Services, Inc. 2731 Executive Park D Weston (City) gent's acceptance: ed as registered agent and to accept services.	O. Box NOT acceptable) Or., Ste 4 AND STORM
Name and streen Name: Office Address: O. Registered a Naving been name estignated in this	NRAI Services, Inc. 2731 Executive Park D Weston (City) gent's acceptance: ed as registered agent and to accept services application, I hereby accept the appoint	O. Box NOT acceptable) Or., Ste 4 ARE
Name and stree Name: Name: Office Address: O. Registered a laving been name designated in this parties of the contract of	NRAI Services, Inc. 2731 Executive Park D Weston (City) gent's acceptance: ed as registered agent and to accept services application, I hereby accept the appoint	O. Box NOT acceptable) Or., Ste 4 Plorida 33331 (Zip code) Fice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity. It relative to the proper and complete performance of my dutie
Name and stree Name: Office Address: 0. Registered a Having been name lesignated in this burther agree to designate agree agr	NRAI Services, Inc. 2731 Executive Park D Weston (City) gent's acceptance: ed as registered agent and to accept service application, I hereby accept the appoint omply with the provisions of all statutes	O. Box NOT acceptable) Or., Ste 4 Plorida 33331 (Zip code) Fice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity. It relative to the proper and complete performance of my dutie
Name and stree Name: Name: Office Address: O. Registered a laving been name lesignated in this burther agree to designate agree ag	NRAI Services, Inc. 2731 Executive Park D Weston (City) gent's acceptance: ed as registered agent and to accept service application, I hereby accept the appoint omply with the provisions of all statutes	O. Box NOT acceptable) Or., Ste 4 Plorida 33331 (Zip code) Fice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity. It relative to the proper and complete performance of my dutie

Special Chaddock Secretary

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.

H06000153534

12. Names and business	addresses of officers and/or directors:					
A. DIRECTORS						
Chairman:	SEE ATTACHED					
	<u> </u>		·			
Vice Chairman:						
Address:						
Director:						
Director:						
Address:						
B. OFFICERS	•		2006 JUH SECRIT			
President:	SEE ATTACHED		CR	1		
			P. T.	Feer		
			SH-V			
			770	(c)		
			8			
			<u> </u>			
Secretary:						
	ou may attach an addendum to the application listing at	ditional officers and	d/or directors.			
13	Distriction of Officer listed in number 12 of	No. and the state of				
	J. Keck - Assistant Secretary	me application)				
(Typed or printed name and conscipt of person signing application)						

H06000153534

PHYSICIAN PRACTICE SUPPORT, INC.

Directors:

Name
Martin G. Schweinhart
Martin G. Schweinhart
Ti Mark Buford
Ti

Officers:

Name	Title	Address
Martin G. Schweinhart	President & CEO	7100 Commerce Way, Suite 100 Brentwood, TN 37027
T. Mark Buford	VP & Controller	7100 Commerce Way, Suite 100 Brentwood, TN 37027
James W. Doucette	VP, Finance and Treasurer	7100 Commerce Way, Suite 100 Brentwood, TN 37027
Rachel A. Seifert	SVP, Secretary and and General Counsel	7100 Commerce Way, Suite 100 Breatwood, TN 37027
Brian A. Peoples	Vice President	7100 Commerce Way, Suite 100 Brentwood, TN 37027
Patti Kirby	Vice President	7100 Commerce Way, Suite 100 Brentwood, TN 37027
Sherry A. Mori	Assistant Secretary	7100 Commerce Way, Suite 100 Brentwood, TN 37027
Robin J. Keck	Assistant Secretary	7100 Commerce Way, Suite 100 Brentwood, TN 37027

SECRETARY OF STATE

H06000153534

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 06/06/2006 REQUEST NUMBER: 06157132 TELEPHONE CONTACT: (615) 741-6488H06000153534

CHARTER/QUALIFICATION DATE: 07/09/1999 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0373792 JURISDICTION: TENNESSEE

ACCUDOCS PO BOX 1853

COLUMBIA, TN 38402-1853

REQUESTED BY:

COLUMBIA, TN 38402-1853

CERTIFICATE OF EXISTENCE

1, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "PHYSICIAN PRACTICE SUPPORT, INC."

CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF REPORATION AND DURATION AS GIVEN ABOVE:
ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE FINCE OF THE CORPORATION HAVE BEEN PAID;
THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED THIS OFFICE; AND ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/06/06

FEES \$200.00 RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

RILEY C. DARNELL SECRETHING 000353584