

F13000002876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

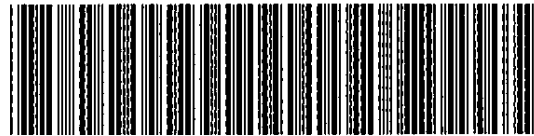
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 JUL -3 PM 4:18
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FILED
13 JUL -3 AM 8:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

144



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 700258 7182683

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : June 24, 2013

ORDER TIME : 3:27 PM

ORDER NO. : 700258-005

CUSTOMER NO: 7182683

FOREIGN FILINGS

NAME: CLINIC MANAGEMENT SERVICES,
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: Susie Knight -- EXT# 52956

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Clinic Management Services, 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," or "Certificate of Good Standing" 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:

John R. Stair

Name of Person

Firm/Company

265 Brookview Centre Way, Suite 400

Address

Knoxville, TN 37919

City/State and Zip code

kelly_greaney@teamhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Greaney

Name of Person

at (865) 693-1000

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Clinic Management Services, 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. Tennessee

(State or country under the law of which it is incorporated)

3. 62-1453392

(FEI number, if applicable)

4. November 27, 1990

(Date of incorporation)

5. perpetual

(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. 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

(Principal office address)

Attn: Legal Dept., 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

(Current mailing address)

8. Clinic management 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

(City)

, Florida 32301

(Zip code)

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 

(Registered agent's signature)

Sue G. Knight
Assistant Vice President

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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: Roger Brooksbank, MD

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Vice Chairman: Greg Roth

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Director:

Address:

Director:

Address:

B. OFFICERS

President: Roger Brooksbank, MD

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Vice President: Deanna Davis

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Secretary: Heidi S. Allen

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Treasurer: David Jones

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. John R. Stair, Assistant Secretary

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

Additional Officers:

Assistant Secretary-John R. Stair, 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Assistant Treasurer-Carole Belmar, 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

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STATE OF TENNESSEE

13 JUL -3 AM 8:15 Tre Hargett, Secretary of State

Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
SUITE B
992 DAVIDSON DRIVE
NASHVILLE, TN 37205

July 2, 2013

Request Type: Certificate of Existence/Authorization

Request #: 0101769

Issuance Date: 07/02/2013

Copies Requested: 1

Document Receipt

Receipt #: 1082107

Filing Fee: \$20.00

Payment-Check/MO - CFS, NASHVILLE, TN

\$20.00

Regarding: CLINIC MANAGEMENT SERVICES, INC.

Filing Type: Corporation For-Profit - Domestic

Formation/Qualification Date: 11/27/1990

Status: Active

Duration Term: Perpetual

Business County: KNOX COUNTY

Control #: 234924

Date Formed: 11/27/1990

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CLINIC MANAGEMENT SERVICES, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent corporation annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett

Tre Hargett
Secretary of State

Processed By: Sheila Keeling

Verification #: 003369125