

F1500000 5546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

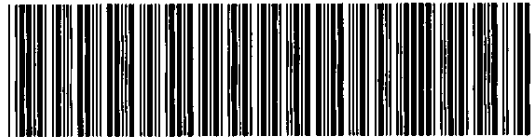
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800279881638

RECEIVED
DEPARTMENT OF STATE
OFFICE OF CORPORATE AFFAIRS
15 DEC 15 PM 2:04
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 DEC 15 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 16 2015
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 912677 7182683

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : December 15, 2015

ORDER TIME : 1:12 PM

ORDER NO. : 912677-005

CUSTOMER NO: 7182683

FOREIGN FILINGS

NAME: MID-ATLANTIC ER PHYSICIANS,
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: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mid-Atlantic ER Physicians, 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:

Kelly Greaney

Name of Person

TeamHealth

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

865

293-5568

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.*

Mid-Atlantic ER Physicians, Inc.

1. _____
(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 3. 45-1565524
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 29, 2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. Attn: Legal Dept., 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919
(Principal office address)

(Current mailing address, if different)

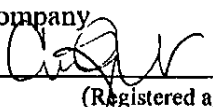
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2015 DEC 15 AM 11:10
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

9. 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)

Courtney Williams
Asst. Vice President

10. 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.

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

A. DIRECTORS

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

Vice Chairman: Stephen Holtzclaw, MD
265 Brookview Centre Way, Suite 400
Address: Knoxville, TN 37919

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Steve Schwartz, DO
265 Brookview Centre Way, Suite 400
Address: Knoxville, TN 37919

Vice President: Robert H. Evans
265 Brookview Centre Way, Suite 400
Address: Knoxville, TN 37919

Secretary: Steven E. Clifton
265 Brookview Centre Way, Suite 400, Knoxville, TN 37919
Address: _____

Treasurer: David Jones
265 Brookview Centre Way, Suite 400, Knoxville, TN 37919
Address: _____

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

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.847.155, F.S.

13. John R. Stair, Assistant Secretary
(Typed or printed name and capacity of person signing application)

Additional Officers

Chief Financial Officer and Assistant Treasurer-

Ed Hamm
265 Brookview Centre Way, Suite 400
Knoxville, TN 37919

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

FILED
2015 DEC 15 AM 11:10
CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MEGAN BRETZ
MEGAN BRETZ
2711 CENTERVILLE ROAD
WILMINGTON, DE 19808

December 15, 2015

Request Type: Certificate of Existence/Authorization
Request #: 0187909

Issuance Date: 12/15/2015
Copies Requested: 1

Document Receipt

Receipt #: 002346780 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3659582082 \$20.00

Regarding: Mid-Atlantic ER Physicians, Inc.
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 03/29/2011
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control #: 654663
Date Formed: 03/29/2011
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

Mid-Atlantic ER Physicians, 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 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
Secretary of State

Processed By: Cert Web User

Verification #: 015271222