

FI90000001013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

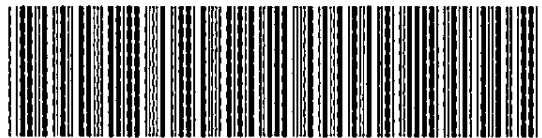
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 28 AM 8:50

CLERK OF COURT
TALLAHASSEE, FL

19 FEB 28 AM 10:41

S. PRATHER

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

ACCOUNT NO. : I20000000195

REFERENCE : 644995 7182683

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : February 25, 2019

ORDER TIME : 9:10 AM

ORDER NO. : 644995-005

CUSTOMER NO: 7182683

FOREIGN FILINGS

NAME: CA PACS 2 MEDICAL GROUP, 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: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations
CA PACS 2 Medical Group, Inc.

SUBJECT: _____
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:

Name of Person

Firm/Company

Address

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:

_____ 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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

CA PACS 2 Medical Group, 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)
California 83-1170262

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
07/03/2018

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
Upon registration

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

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

(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)

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)

Roxanne Turner
Asst. Vice President

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

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

A. DIRECTORS

Jasen Gundersen, MD

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

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

Jasen Gundersen, MD

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

Debbie Rosenberg

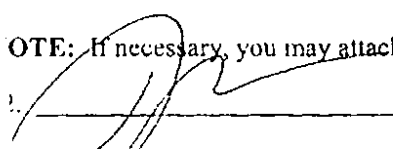
Vice President: _____
5870 N. Hiatus Road, Suite 200
Address: _____
Tamarac, FL 33321

John R. Stair

Secretary: _____
265 Brookview Centre Way, Suite 400, Knoxville, TN 37919
Address: _____
John Barrack

Treasurer: _____
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.

 _____
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.817.155, F.S.

John R. Stair, Assistant Secretary

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

FILED
FEB 28 2019
TAMPA, FL

2019 FEB 28 AM 8:50

FILED

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CA PACS 2 MEDICAL GROUP, INC.

FILE NUMBER: C4168888
FORMATION DATE: 07/03/2018
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 26, 2019.

ALEX PADILLA
Secretary of State