

F19000001348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

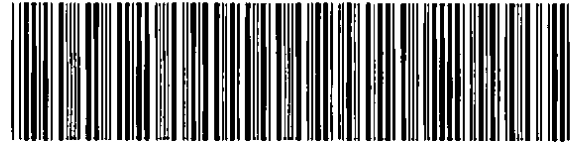
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

SUSSEX WA 19-26666

Office Use Only



500326552145

FILED

19 MAR 18 PM 7:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR 18 3:11:32

O. SIMMONS
MAR 22 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2019

CT CORP

SUBJECT: TEAMMD PHYSICIANS, P.C.
Ref. Number: W19000026666

We have received your document for TEAMMD PHYSICIANS, P.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list your company name exactly how it appears on the Certificate of Good Standing and add the Florida suffix at the end under line 1 of the application

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 719A00005584

3/21/19

Corrected: Please allow for original
file date.

Thank you!

19 MAR 21 PM 3:29

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 3/18/2019

Acc#I20160000072

en: c SW

Name:	TEAMMD PHYSICIANS, P.C.
Document #:	
Order #:	11519157

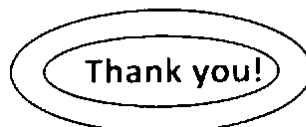
Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Client spoke to a representative at the State who indicated that the "P.C." ending would be acceptable.

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optum Care, 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:

Michele Langer
Name of Person
UHG
Firm/Company
9900 Bren Rd E.
Address
Minnetonka, MN 55343
City/State and Zip code
michele.langer@uhg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Langer at (952) 936-4978
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.*

1. TeamMD Physicians, P.C.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- TeamMD Physicians, P.C. Corporation
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Iowa 3. 30-0445773
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/01/1995 5. _____
(Date of incorporation) (Date of duration, if other than 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. 6500 University Ave. Suite 100 Windsor, Iowa, 50324
(Principal office address)
- 9900 Bren Rd E MN008-T502 Minnetonka, MN 55343
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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. 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.



(Registered agent's signature)
By: C T Corporation System, Terrie Bates, Asst. Secy.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application 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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19
STATE OF FLORIDA
TALLAHASSEE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Thomas R. Cheek, M.D.

Address: 4425 E COTTON CENTER BLVD

PHOENIX AZ 85040

Director: Kyle J. Kircher, M.D.

Address: PO BOX 9472

MINNEAPOLIS MN 55440-9472

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Kyle J. Kircher, M.D.

Address: PO BOX 9472

MINNEAPOLIS MN 55440-9472

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

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 constitute a third degree felony as provided for in s.817.155, F.S.

13. Kyle J. Kircher, M.D. Director

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

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Date: 3/14/2019

Name: TEAMMD PHYSICIANS, P.C. (496CDP - 190123)

Date of Incorporation: 11/1/1995

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS165203

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature of Paul D. Pate in black ink.

Paul D. Pate, Iowa Secretary of State