

F24000004756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

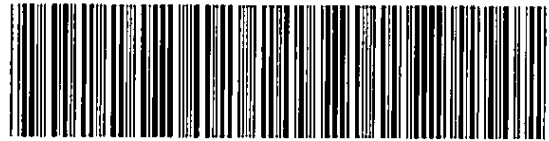
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

KB

SEP 10 2024

K. Brumley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 09/10/24
Order #: 1620632-11
Re: InphyNet Primary Care Physicians-Southeast, Professional Corporation
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:
120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis

Issue Proof of Filing

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over a horizontal line.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inphynet Primary Care Physicians-Southeast, Professional Corporation
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:

Kelly Greaney at (865) 693-1000
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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. Inphynet Primary Care Physicians-Southeast, Professional Corporation
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. 65-0203499
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/27/1990 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. 265 Brookview Centre Way Ste 203, Knoxville, TN 37919
(Principal office street 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)

2024 SEP 10 PM 5:19

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: Shauna Godbolt

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.

A. DIRECTORS

☐ Chairman Name: Hinda Greene DO

☐ Vice Chairman Address: 265 Brookview Centre Way

☒ Director Suite 203

☒ President Knoxville, TN 37919

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: John R. Stair

☐ Vice Chairman Address: 265 Brookview Centre Way

☐ Director Suite 203

☐ President Knoxville, TN 37919

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Asst Secretary ☐ Other _____

☐ Chairman Name: John Barrack

☐ Vice Chairman Address: 265 Brookview Centre Way

☐ Director Suite 203

☐ President Knoxville, TN 37919

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Asst Treasurer ☐ Other _____

☐ Chairman Name: Lara Owens

☐ Vice Chairman Address: 265 Brookview Centre Way

☐ Director Suite 203

☐ President Knoxville, TN 37919

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Asst Treasurer ☐ Other _____

☐ Chairman Name: Michael Corvini MD

☐ Vice Chairman Address: 265 Brookview Centre Way

☐ Director Suite 203

☐ President Knoxville, TN 37919

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Evans

☐ Vice Chairman Address: 265 Brookview Centre Way

☐ Director Suite 203

☐ President Knoxville, TN 37919

☒ Vice President _____

☐ Secretary ☐ Treasurer

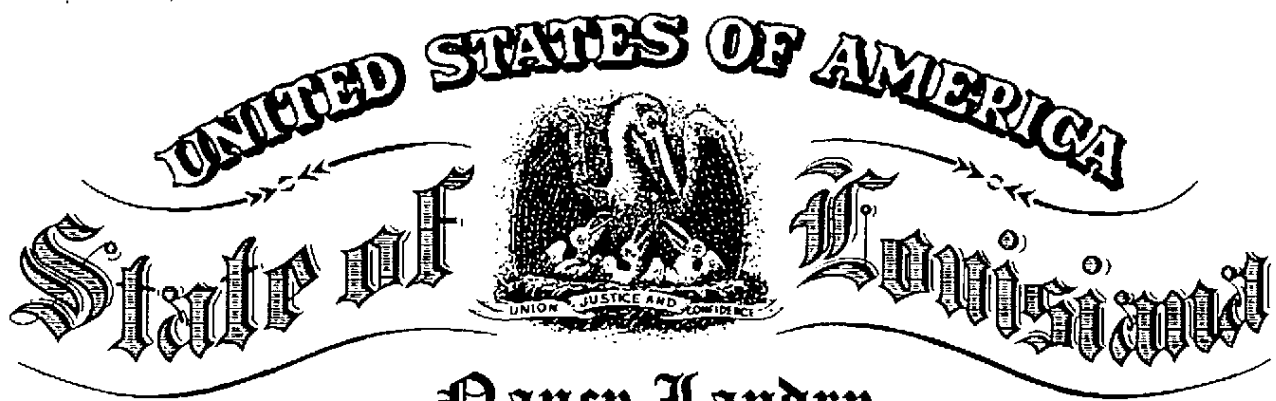
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Financial Department of State Annual Report form.

12. John R Stair
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.

13. John R. Stair, Assistant Secretary
(Typed or printed name and capacity of person signing application) QUAL-45054



Nancy Landry
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

INPHYNET PRIMARY CARE PHYSICIANS-SOUTHEAST, PROFESSIONAL CORPORATION

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on June 27, 1990,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 10, 2024



Nancy Landry

Secretary of State

Web 34359127D

Certificate ID: 11931668#WYN83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov