

F24000005249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

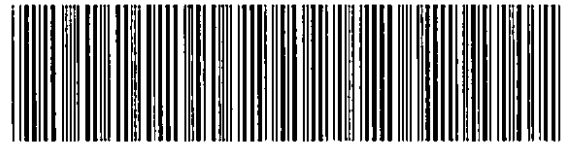
(Document Number)

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Special Instructions to Filing Officer:

W24-130222

Office Use Only



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2024 SEP 16 AM 10:12

2024 SEP 16 PM 3:30

RECEIVED

MAINTENANCE

OCT 09 2024

K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2024

CSC

**RESUBMIT**  
Please give original  
submission date in the memo.

SUBJECT: EMERGENCY SERVICES OF OKLAHOMA, P.C.  
Ref. Number: W24000130222

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

P.A. is not acceptable either. Please choose a suffix listed in number 1.

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.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 924A00022017

RECEIVED  
2024 OCT - 8 PM 3:38  
SECRETARY  
TALLAHASSEE, FL



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: 09/16/24  
Order #: 1623848-2  
Re: Emergency Services of Oklahoma P.C.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written diagonally across the right side of the page.

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

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:** Emergency Services of Oklahoma, P.C., 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:

\_\_\_\_\_  
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:

\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_) \_\_\_\_\_  
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**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Emergency Services of Oklahoma, P.C., 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. Oklahoma 3. 27-2409240

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/29/2010

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6. 10/1/2024

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

7. 5000 Hopyard Road Ste 410, Pleasanton, CA 94588

(Principal office street address)

265 Brookview Centre Way Ste 203, 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:

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2024 SEP 16 AM 10:12

**A. DIRECTORS**

☐ Chairman Name: Robert Frantz  
☐ Vice Chairman Address: 5000 Hopyard Road Ste 410  
☒ Director Pleasanton CA 94588  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Lance Williams  
☐ Vice Chairman Address: 5000 Hopyard Road Ste 410  
☐ Director Pleasanton CA 94588  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Kristopher Smith  
☐ Vice Chairman Address: 5000 Hopyard Road Ste 410  
☐ Director Pleasanton CA 94588  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: John R Stair  
☐ Vice Chairman Address: 265 Brookview Centre Way Ste 2  
☐ Director Knoxville, TN 37919  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Asst Secretary ☐ Other \_\_\_\_\_

☐ Chairman Name: Jennifer Behm  
☐ Vice Chairman Address: 5000 Hopyard Road Ste 410  
☐ Director Pleasanton CA 94588  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: John Barrack  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 265 Brookview Centre Way Ste 203  
☐ President Knoxville, TN 37919  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Asst Treasurer ☐ 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 Florida Department of State Annual Report form.

12. \_\_\_\_\_  
DocuSigned by:  
John R Stair  
07BCE86E0CC340D...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-45499

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING**

**DOMESTIC FOR PROFIT CORPORATION PROFESSIONAL**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that EMERGENCY SERVICES OF OKLAHOMA, P.C. whose registered agent is CORPORATION SERVICE COMPANY, with its registered office at 10300 GREENBRIAR PLACE OKLAHOMA CITY 73159 7653 USA Oklahoma is a Domestic For Profit Corporation Professional duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 13th, day of September, 2024.*

A handwritten signature in black ink, appearing to read "J. C. Galt", is written over a horizontal line.

*Secretary Of State*