# THE UNITED STATES

ACCOUNT NO. :

072100000032

REFERENCE :

695044 4390339

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 4, 1998

ORDER TIME: 9:26 AM

**CORPORATION** 

ORDER NO. : 695044-005

CUSTOMER NO:

4390339

400002423404--5

W98-2744

CUSTOMER: Ms. Tina Ezell

Medpartners, Inc.

3000 Riverchase

Galleria Tower / Ste. 1000

Birmingham, AL 35244

FOREIGN FILINGS

NAME: TEAM RADIOLOGY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

DIVISION OF CORPORATION

## TRANSMITTAL LETTER

	fication/Tax Lien Section ion of Corporations		
SUBJECT: _	TEAM RADIOLOGY, INC. (Name of corporation - must include suffix)		<b>.</b>
Dear Sir or M	ladam:		
The enclosed Florida", "Ce foreign corpo	"Application by Foreign Corporation for Authorization to Transact Busin rtificate of Existence", and check are submitted to register the above reference to transact business in Florida.	ess in enced	-
Please return	all correspondence concerning this matter to the following:		
	Tina Ezell Nelson		
•	(Name of Person)		
	MedPartners, Inc.	98 F	OIVIS
	(Firm/Company)	릞	3 <b>2</b>
	3000 Galleria Tower, Suite 1000	9-	
	(Address)	3	390
	Birmingham, AL 35244	PM 3: 42	STATE RATIO
•	(City/State/Zip)	10	SS
Should you n	eed to call someone concerning this matter, please call:		
Tina Eze	ell Nelson at (205 ) 982-40	)65	,
	of Person) (Area Code & Daytime Telepho	ne Numb	ier)

#### COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 FLORIDA DEPARTMENT OF STATE -6 PM 3: 32
Sandra B. Mortham
Secretary of State

OIVISION OF CORPORATION

February 6, 1998

CSC

RESUDINIT

Please give original submission date as file date:

SUBJECT: TEAM RADIOLOGY, INC.

Ref. Number: W98000002744

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 398A00006964

DIVISION STATE

# 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.	Team Radiology, Inc.  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
2.	North Carolina  (State or country under the law of which it is incorporated)  3. 56-1844186  (FEI number, if applicable)	- 30
4.	October 6, 1993  (Date of Incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")	
6.	Upon qualification (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7.	Birmingham, Alabama 35244	
	(Current mailing address)  Manages radiology departments; and any other purpose authorized by (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	1
	Name: Corporation Service Company	
	Office Address: 1201 Hays Street	
	Tallahassee , Florida, 32301 (Zip Code)	
10	2. Registered agent's acceptance:	
co re ali	aving been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of I statutes relative to the proper and complete performance of my duties, and I am familiar with ad accept the obligations of my position as registered agent.	-
	(Registered agent's signature) Karen B. Rozar, As Its Agent	

aw.

Karen B. Rozar, As Its Agent

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY-** P.O. Box **NOT** acceptable)

Chairman:	See attached officers/directors rider
Address:	
Vice Chair.	man:
Address:	
Director:	
Address:	
Director:	
Address:	
Address.	98 <u>%</u>
B. OFFIC	ERS (Street address only- P.O. Box NOT acceptable)
President:	See attached officers/directors rider
Address:	
Vice Presid	ent:
Address:	· · · · · · · · · · · · · · · · · · ·
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If n and/or direct	necessary, you may attach an addendum to the application listing additional officers etors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)
	•
14	Harold O. Knight, Jr. Vice President and Director
	(Typed or printed name and capacity of person signing application)

# Officers & Directors of Team Radiology, Inc.

### Team Radiology, Inc.

<u>Directors</u> Harold O. Knight, Jr. Tracy P. Thrasher Officers
Dave Forsberg, M.D. President
H. Lynn Massingale, M.D. Vice President
Harold O. Knight, Jr. Vice President
Mike Hatcher Vice President & COO
Tracy P. Thrasher Secretary
David Jones Treasurer & Assistant
Secretary

SECRETARY OF STATE



# Department of The Secretary of State

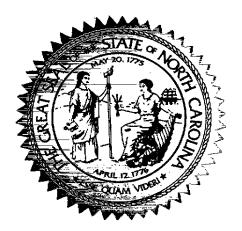
#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TEAM RADIOLOGY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th days of October, 1993, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of February, 1998.

Elaine J. Marshall

Secretary of State