

N200000 13762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

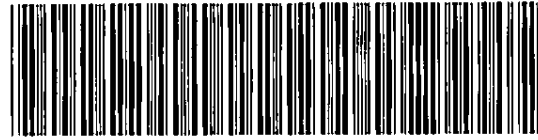
(Business Entity Name)

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DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017  
Date: 12-14-20  
Requestor Name: Carlton Fields  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 513-3619 - direct  
(850) 224-1585  
Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO  
DEDUCT FROM ACCOUNT  
\$ 87.50

Corporation Name: Tampa General Provider Network, Inc.  
Email Address: \_\_\_\_\_  
Entity Number: \_\_\_\_\_  
Authorization: Kim Pullen

Certified Copy       Certificate of Status  
 New Filings      \_\_\_\_\_ Plain Stamped Copy      \_\_\_\_\_ Annual Report  
\_\_\_\_\_ Fictitious Name      \_\_\_\_\_ Amendments      \_\_\_\_\_ Registration

( X ) Call When Ready      ( X ) Call if Problem      ( ) After 4:30  
( X ) Walk In      ( ) Will Wait      ( X ) Pick Up

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Client 555 86 Matter 45886  
Name Lisa Goodwin Office TPA

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**ARTICLES OF INCORPORATION  
OF  
TAMPA GENERAL PROVIDER NETWORK, INC.**

The undersigned, acting as incorporator pursuant to Chapter 617, Florida Statutes, hereby forms a corporation not for profit under the laws of the State of Florida, and its articles of incorporation (these "Articles") are as follows:

**ARTICLE I  
NAME**

The name of the corporation shall be Tampa General Provider Network, Inc. (the "Corporation").

**ARTICLE II  
PRINCIPAL OFFICE**

The principal place of business and mailing address of the Corporation is One Tampa General Circle, Tampa, FL 33606-3571.

**ARTICLE III  
PURPOSES AND POWERS**

Section I. Purposes.

(a) The purposes for which the Corporation is organized are exclusively religious, charitable, scientific, and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law (the "Code").

(b) Without limiting the Corporation's purposes in Article III, Section I(a) of these Articles, the Corporation is authorized to:

(1) provide a network of comprehensive physician services and other health care services to improve the health of the people in the community served by the Corporation; and

(2) establish, develop, sponsor, promote, and conduct educational programs, scientific research, medical facilities, management services, and other activities, all in promotion and support of the interests and purposes of the Corporation described in this Article III above;

(c) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any activities not permitted to be carried on by an

organization exempt from federal income taxation under Section 501(a) of the Code as an organization described in Section 501(c)(3) of the Code.

(d) No part of the net earnings of the Corporation shall inure to the benefit of any private shareholder or individual; provided, however, that the Corporation may pay reasonable compensation for services rendered and may make payments, donations, and transfers in furtherance of the purposes set forth in these Articles.

(e) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing and distribution of statements) any political campaign on behalf of any candidate for public office.

Section 2. Powers. The Corporation shall have all powers now or hereafter granted by the Florida Not For Profit Corporation Act, as the same may be amended from time to time, or any successor act.

#### **ARTICLE IV SOLE MEMBER**

The Corporation will have one member (the "Member"), which shall have the powers set forth in the Corporation's bylaws (the "Bylaws"). The Member is:

Florida Health Sciences Center, Inc.  
One Tampa General Circle  
Tampa, FL 33606

#### **ARTICLE V DIRECTORS**

The Corporation's directors shall be elected by the Member. The number of directors shall be as stated in or determined under the Bylaws; provided, however, that the Corporation shall always have at least three directors.

#### **ARTICLE VI INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Corporation is 100 S. Ashley Drive, Suite 400, Tampa, Florida 33602 and the name of the initial registered agent at such address is CF Registered Agent, Inc.

**ARTICLE VII  
INCORPORATOR**

The name of the incorporator signing these articles of incorporation is Abraham Schwarzberg, M.D., and his address is One Tampa General Circle, Tampa, FL 33606.

**ARTICLE VIII  
AMENDMENT**

The power to adopt, alter, amend, or repeal any provisions of these Articles or the Bylaws shall be vested in the Member.

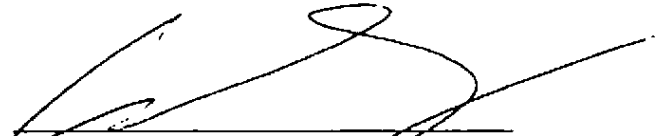
**ARTICLE IX  
DISSOLUTION**

Upon the dissolution of the Corporation, the assets of the Corporation shall be distributed for one or more organizations exempt from federal income taxation under Section 501(a) of the Code as organizations described in Section 501(c)(3) of the Code, or shall be distributed to the federal or state government, or to one or more local governments, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as the court shall determine, which are organized and operated exclusively for such purposes.

*[Signature page to follow]*

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IN WITNESS WHEREOF, the undersigned incorporator has executed these  
Articles of Incorporation this 14<sup>th</sup> day of December, 2020.



Abraham Schwarzberg, M.D., Incorporator

**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Corporation, at the place designated as the registered office, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of my position as registered agent.

Dated this 14<sup>th</sup> day of December, 2020.

CF Registered Agent, Inc.



\_\_\_\_\_  
Name: