

PO20000127647

(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



400009281494

RECEIVED  
02 DEC -3 PM 1:02  
STATE  
TALLAHASSEE, FLORIDA

FILED  
02 DEC -3 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 840102 7182683

AUTHORIZATION:

*Patricia Pigato*

COST LIMIT : \$ 70.00

ORDER DATE : December 3, 2002

ORDER TIME : 11:15 AM

ORDER NO. : 840102-005

CUSTOMER NO: 7182683

CUSTOMER: John Stair, Esq  
Team Health, Inc.

1900 Winston Road  
Suite 300  
Knoxville, TN 37919

DOMESTIC FILING

NAME: CORRECTIONAL HEALTHCARE  
SOLUTIONS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF INCORPORATION**  
**OF**  
**CORRECTIONAL HEALTHCARE SOLUTIONS, INC.**

\_\_\_\_\_

The undersigned, pursuant to Florida Statutes, Chapter 621, does hereby adopt and sign the following Articles of Incorporation.

**FIRST:** The name of the corporation (hereinafter called the "Corporation") is **Correctional Healthcare Solutions, Inc.**

**SECOND:** The principal place of business and mailing address of the Corporation shall be 14050 NW 14<sup>th</sup> Street, Suite 190, Fort Lauderdale, Florida 33323.

**THIRD:** The duration of the corporation is to be perpetual.

**FOURTH:** The aggregate number of shares which the corporation shall have authority to issue is Ten Thousand (10,000).

**FIFTH:** The nature of the business or purpose to be conducted or promoted is to engage in any lawful activity for which corporations may be organized under the Florida 1989 Business Corporation Act.

**SIXTH:** A Director of the Corporation shall have no personal liability to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a Director, provided, however, that this Article SIXTH shall not eliminate or limit the liability of a Director, except to the extent permitted by applicable law, (i) for any breach of the Director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 607.0834 of the Florida 1989 Business Corporation Act as the same now exists or may hereafter be amended, or (iv) for any transaction from which the Director derived an improper personal benefit.

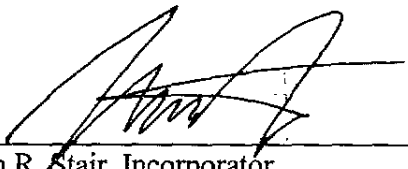
**SEVENTH:** The Corporation's registered agent shall be as follows:

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

FILED  
02 DEC -3 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EIGHTH: The name and address of the Incorporator is: John R. Stair, 1900 Winston Road, Suite 300, Knoxville, Tennessee 37919.

Signed on the 2<sup>nd</sup> day of December, 2002.

  
\_\_\_\_\_  
John R. Stair, Incorporator

ACCEPTANCE OF REGISTERED AGENT  
DESIGNATED IN THE ARTICLES OF INCORPORATION

CORPORATION SERVICE COMPANY, a corporation registered in this state, having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation of:

CORRECTIONAL HEALTHCARE SOLUTIONS, INC.

CORPORATION SERVICE COMPANY is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: Deborah D. Skipper  
Its Agent, Deborah D. Skipper

dew

FILED  
02 DEC -3 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA