

PO6000106799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

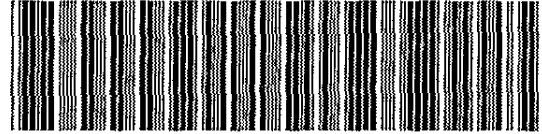
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pa

**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: TEAM Health Options, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Patricia Roberts  
Name (Printed or typed)

3341 No. University Drive, Ste.1  
Address

Davie, Florida 33024  
City, State & Zip

954-447-9938 or 305-636-9604 or 786-337-0552  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In-compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

TEAM Health Options, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

3341 No. University Dr. Ste.1  
Davie, FL 33024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Transact any and all Lawful business, as well as provide Medical or Psychiatric/ Mental Health services to the public or private sector of the community.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 (one Hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Patricia Roberts, MSN, ARNP President  
3341 No. University Dr., Ste.1  
Davie, FL 33024

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Patricia Roberts, MSN, ARNP President  
3341 No. University Dr., Ste.1  
Davie, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Patricia Roberts, MSN, ARNP President  
3341 No. University Dr., Ste.1  
Davie, FL 33024

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Patricia Roberts*

Signature/Registered Agent

8-10-06

Date

*Patricia Roberts*

Signature/Incorporator

8-10-06

Date

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