

FILED 000042058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

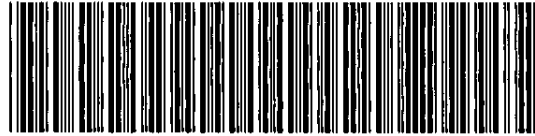
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500285596105

FILED

16 MAY 13 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF REGISTRATION

16 MAY 13 AM 11:06

NOT RECORDED  
TO ACHIEVE  
SUFFICIENCY OF FILING

MAY 16 2016

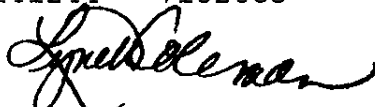
T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 141244 7182683

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : May 13, 2016

ORDER TIME : 10:25 AM

ORDER NO. : 141244-005

CUSTOMER NO: 7182683

DOMESTIC FILING

NAME: HOSPITAL PHYSICIAN SERVICES OF  
FLORIDA, P.A.

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: Melissa Zender - EXT. 62956

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

## COVER LETTER

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

**SUBJECT:** Hospital Physician Services of Florida, P.A.

(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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kelly Greaney

Name (Printed or typed)

265 Brookview Centre Way, Suite 400

Address

Knoxville, TN 37919

City, State & Zip

865-693-1000

Daytime Telephone number

kelly\_greaney@teamhealth.com

E-mail address: (to be used for future annual report notification)

**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: Hospital Physician Services of Florida, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14050 NW 14th St., Suite 190

Ft. Lauderdale, FL 33323

Mailing address, if different is:  
Attn: Legal Dept.

265 Brookview Centre Way, Suite 400

Knoxville, TN 37919

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: medicine,

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Jasen Gundersen, MD, Director/President

Address 14050 NW 14th St., Suite 190  
Ft. Lauderdale, FL 33323

Name and Title: Jasen Gundersen, MD, Sect./Treas

Address: 14050 NW 14th St., Suite 190  
Ft. Lauderdale, FL 33323

Name and Title: John R. Stair, Assistant Secretary

Address 265 Brookview Centre Way, Suite 400  
Knoxville, TN 37919

Name and Title: Carole Belmar, Assistant Treasurer

Address: 265 Brookview Centre Way, Suite 400  
Knoxville, TN 37919

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
16 MAY 13 AM 9:23  
SECRETARY OF STATE  
ALBANY, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John R. Stair  
Address: 265 Brookview Centre Way, Suite 400  
Knoxville, TN 37919

FILED  
16 MAY 13 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

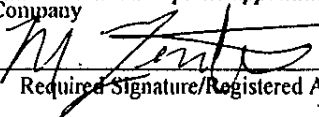
Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

By:

  
Required Signature/Registered Agent

Melissa Zender  
Asst. Vice President

5/13/16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
Required Signature/Incorporator

5/11/2016

Date