

P19000071363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

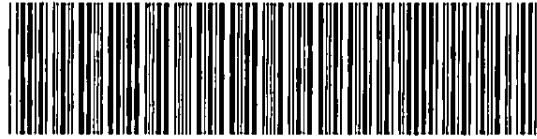
(Business Entity Name)

(Document Number)

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

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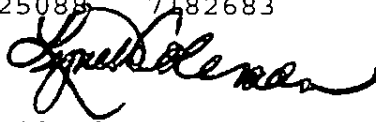
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 925088 7182683

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : September 17, 2019

ORDER TIME : 1:49 PM

ORDER NO. : 925088-005

CUSTOMER NO: 7182683

DOMESTIC FILING

NAME: FLORIDA EMERGENCY SERVICES I,  
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: Roxanne Turner - EXT.

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

## COVER LETTER

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

**SUBJECT:** Florida Emergency Services 1, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
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: Florida Emergency Services I, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5870 North Hiatus Road Suite 200

Tamarac, FL 33321

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: Medical services provided by licensed providers.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Michael Corvini, MD/Director/President

Address 5870 North Hiatus Road Suite 200

Tamarac, FL 3332

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

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

Name and Title: John R. Stair/Assistant Secretary

Address 265 Brookview Centre Way Suite 400

Knoxville, TN 37919

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

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

Name and Title: John Barrack/Assistant Treasurer

Address 265 Brookview Centre Way Suite 400

Knoxville, TN 37919

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

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

FILED  
19 SEP 17 PM 2:04  
CLERK OF COURT  
KNOX COUNTY, TENN.

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

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TALLAHASSEE, FL

**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 days prior or 90 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: Roxanne Turner Roxanne Turner  
Corporation Service Company Asst. Vice President  
Required Signature/Registered Agent

9/17/19  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

[Signature]  
Required Signature Incorporator

9/17/2019

Date