

P200000 96185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

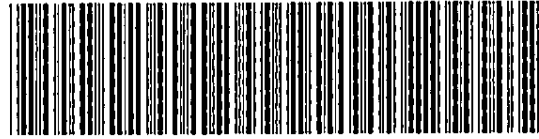
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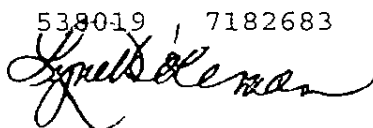
2020 DEC 14 AM 11:07

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

ACCOUNT NO. : I20000000195

REFERENCE : 538019 , 7182683

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : December 3, 2020

ORDER TIME : 3:08 PM

ORDER NO. : 538019-005

CUSTOMER NO: 7182683

DOMESTIC FILING

NAME: TELEMEDICINE SERVICES OF FL,
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: Eyllena Baker - EXT.

EXAMINER'S INITIALS: _____

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 Telemedicine Services of FL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
265 Brookview Centre Way, Suite 400
Knoxville, TN 37919

Mailing address, if different is:

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: John P. Lewis, MD, Director, President

Name and Title: _____

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

Address: _____

Name and Title: John R. Stair, Asst. Secretary

Name and Title: _____

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

Address: _____

Name and Title: John Barrack, Asst. Treasurer

Name and Title: _____

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

Address: _____

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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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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

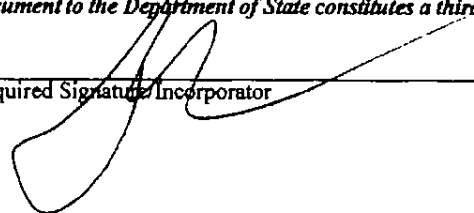


Required Signature/Registered Agent

12/14/2020

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

12/2/2020

Date