

P21 000057803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

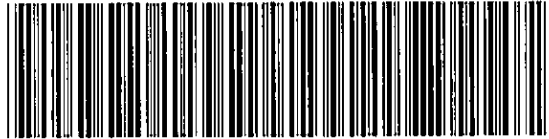
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



900368014149

2021 JUN 18 AM 11:43

2021 JUN 18 PM 12:10

FILED

*[Handwritten signature]*

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

ACCOUNT NO. : I20000000195

REFERENCE : 869663, 7182683

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : June 17, 2021

ORDER TIME : 4:58 PM

ORDER NO. : 869663-005

CUSTOMER NO: 7182683

DOMESTIC FILING

NAME: THVC SERVICES, P.A.

EFFECTIVE DATE:

XX ☐ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ☐ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

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

2021 JUN 18 PM 12:10

FILED

## COVER LETTER

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

**SUBJECT:** THVC Services, 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:** 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.

FILED  
JUN 18 PM 12:10

**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: THVC Services, P.A.

**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: any and all lawful purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Joseph T. Crane, MD, D/P/T

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

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

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

Name and Title: John R. Stair, S

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

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

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

Name and Title: John Barrack, AT

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

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

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

FILED  
2017 JUN 18 PM 12:00

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  
JUN 18 PM 12:10

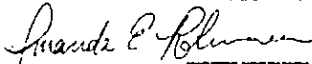
**ARTICLE VIII EFFECTIVE DATE:**

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*



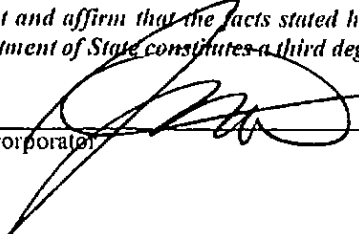
Required Signature/Registered Agent

06/18/2021

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



6/17/2021

Date