

P96000038623

TRANSMITTAL LETTER

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

SUBJECT: TEAM HEALTH HOME CARE, INC.
(Proposed corporate name - must include suffix)

5000001801949
-04/30/96--01112--015
*****70.00 *****70.00

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

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: TEAM HEALTH HOME CARE, INC.
Name (printed or typed)
501 MAIN STREET - FAULKNER BLDG.
Address
HATTIESBURG, MS 39401
City, State & Zip
601/544-2903
Daytime Telephone number

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

95 APR 29 AM 10:19

FILED

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

SAB
5/6/96

ARTICLES OF INCORPORATION

OF

TEAM HEALTH HOME CARE, INC.

FILED

96 APR 29 AM 10:10

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TEAM HEALTH HOME CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PLACE OF BUSINESS ADDRESS:

5310 N.W. 33RD AVENUE
SUITE 201
FT. LAUDERDALE, FL 33309

MAILING ADDRESS:

501 MAIN STREET
3RD FLOOR FAULKNER BLDG
HATTIESBURG MS 39401

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 @ \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

W. A. PAYNE
9001 HIGHWAY 98 WEST
UNIT 905
DESTIN, FL 32541

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

W. A. PAYNE
9001 HIGHWAY 98 WEST
UNIT 905
DESTIN FL 32541

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22ND day of APRIL, 19 96.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 807.0501 or 817.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TEAM HEALTH HOME CARE, INC.

2. The name and address of the registered agent and office is:

W. A. PAYNE

(Name)

9001 HIGHWAY 98 WEST , UNIT 905

(P.O. Box not acceptable)

DESTIN, FL 32541

(City/State/Zip)

FILED
96 APR 29 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

W A Payne

(Signature)

APRIL 22, 1996

P96000038623

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Medical Systems, Inc., Attn: Rebecca Smart EIN or SS#: _____

Address: P.O. Box 1267
Hattiesburg, MS 39403

Amount: \$825.00 Date Paid: _____

Reason for Claim: Refund requested.

See attached letter for names of corporations

GSH

Certified true and correct this 8th day of May, 19 97

Signature SEE ATTACHED

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 825.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 01005--006 dated 03/14/97

NAME OF ACCOUNT: 45202130001453000000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)



MEDICAL SYSTEMS, INC.

501 Main Street • Post Office Box 1267 • Hattiesburg, Mississippi 39401 • Office (601) 544-2903 • Wats 800 210-4674 • Facsimile (601) 582-9553

W. A. Payne
President

April 29, 1997

**Home Health Care
of Mississippi**

Columbia, Mississippi
Hattiesburg, Mississippi
Laurel, Mississippi
Poplarville, Mississippi

**Home Health Care
of Louisiana**

Baton Rouge, Louisiana
Covington, Louisiana
Franklinton, Louisiana
Houma, Louisiana
Kenner, Louisiana
Lafayette, Louisiana
Metairie, Louisiana
Shreveport, Louisiana
Thibodaux, Louisiana

**Home Health Care
of CENLA**

Alexandria, Louisiana

**Home Health Care
of Bogalusa**

Bogalusa, Louisiana

**Home Health Care
of North Louisiana**

Monroe, Louisiana

**Federal Health Care
Services, Inc.**

Ft. Lauderdale, Florida

**Home Health Care
Corporation of Florida**

Ft. Lauderdale, Florida

**USA Professional
Association, Inc.**

Hattiesburg, Mississippi

Managed Care, Inc.

Jackson, Mississippi

Federal Managed Care, Inc.

Ft. Lauderdale, Florida

Direct Access

IV Therapy, Inc.

Hattiesburg, Mississippi

Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Access Team Home Health Care, Inc., ref. P96000038609
Glendale Home Care, Inc., ref. P96000038593
Home Health Team, Inc., ref. P96000038613
Team House Call, Inc., ref. P96000038621
Team Health Home Care, Inc., ref. P96000038623

Dear Sir or Madam:

We previously submitted 1997 annual reports, together with payment of filing fees, for each of the above referenced corporations. By your letters of March 14, 1997, those annual reports were returned to us for lack of information.

Please be advised that Articles of Dissolution have been filed for each of these companies. I have enclosed copies of the dissolution documents for your reference.

Since these companies will be dissolved prior to the May 1 deadline for submitting annual reports, and since you returned the annual reports to us unfiled, would you please refund our payment of annual report filing fees in the amount of \$825.00.

If you have any questions or need any additional information, feel free to call me at the toll-free number indicated on this letterhead.

Sincerely yours,

Rebecca Smart
Rebecca Smart
Director of Compliance

Enc.

"bringing health care home"

P96000038623

Requestor's Name
Medical Systems, Inc.

Address
503 Main Street

City/State/Zip Phone #
Hattiesburg, MS 39403

500002163335--4
-05/02/97--01064--022
****175.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
97 MAY -2 PM 12:59
STATE OF MISSISSIPPI
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Voldis

VS MAY 12 1997

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Team Health Home Care, Inc.

SECOND: The articles of incorporation were filed on: 04/29/96

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 29th day of April, 19 97.

Signature



(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

W. A. Payne

(Typed or printed name)

Incorporator

(Title)

FILED
97 MAY -2 PM 12:59
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA