Filing and License Fee: $310.00 minimum **ID Number:** _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FILED
SEP 03 2009
By _____

BUSINESS CORPORATION

RECEIVED
2009 JUL 30 AM 11:53
SECRETARY OF STATE
CORPORATIONS DIV

12:05

APPLICATION FOR CERTIFICATE OF AUTHORITY

29-98249

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Emergency Physician Associates, Inc.

2. It is incorporated under the laws of New Jersey

3. The name, if different, which it elects to use in Rhode Island is:

   (a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*

   (b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:*

4. The date of its incorporation is 6/25/1996 and the period of its duration is Perpetual

5. The address of its principal office in the state or country under the laws of which it is incorporated is

   307 South Evergreen Drive, Woodbury, NJ 08096

6. The address of its proposed registered office in Rhode Island is 222 Jefferson Boulevard, Suite 200
   (Street Address, **not** P.O. Box)

   Warwick (City/Town), RI 02888 (Zip Code) and the name of its proposed registered agent in Rhode Island at that address is Corporation Service Company (Name of Agent)

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

   Medical staffing

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

	Name	*Address*
Director	H. Lynn Massingale, M.D.	1900 Winston Road, Suite 300, Knoxville, TN 37919
Director	Greg Roth	1900 Winston Road, Suite 300, Knoxville, TN 37919
Director		
Director		

Form No. 150
Revised: 12/05

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	Name	*Address*
President	James E. George, M.D.	307 South Evergreen Drive, Woodbury, NJ 08096
Vice President	Steve Murtaugh	307 South Evergreen Drive, Woodbury, NJ 08096
Treasurer	David Jones	1900 Winston Road, Suite 300, Knoxville, TN 37919
Secretary	Heidi S. Allen	1900 Winston Road, Suite 300, Knoxville, TN 37919

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
1,000	Common		No par value

10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is $ 50,000 .

(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is $ 0 .

(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 %. [*divide (b) by (a) and multiply by 100 to obtain the percentage*].

11. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is $ 3,500,000 .

(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is $ 1,500,000 .

(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is .43 % [*divide (b) by (a) and multiply by 100 to obtain the percentage*].

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: July 8, 2009

_____
Signature of Authorized Officer of the Corporation

John R. Stair, Assistant Secretary
Type or Print Name of Authorized Officer

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EMERGENCY PHYSICIAN ASSOCIATES, INC.

0100068262

With the Previous or Alternate Name

EMERGENCY PHYSICIAN ASSOCIATES, P.A. (Previous Name)
EMERGENCY PHYSICIANS ASSOCIATES, INC. (Previous Name)
EPA, INC. (Previous Name)
TEAMHEALTH EAST (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on August 1, 1978.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Corporation Service Company
830 Bear Tavern Rd
West Trenton, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of July, 2009

R. David Rousseau
State Treasurer

Certification# 114930941

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

CERTIFICATE OF LIABILITY INSURANCE

ISSUE DATE 07/28/2009

PRODUCER

Alliant Insurance Services Houston LLC
5847 San Felipe, Suite 2750
Houston, Texas 77057
832-485-4000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

EMERGENCY PHYSICIAN ASSOCIATES, INC.
222 JEFFERSON BLVD., SUITE 200
WARWICK, RI 02888

INSURER A:	Lexington Insurance Company
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	$
	☐ COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	$
	☐ CLAIMS MADE ☐ OCCUR				PERSONAL & ADV. INJURY	$
					EACH OCCURRENCE	$
	GENERAL AGGREGATE LIMIT APPLIES PER				FIRE DAMAGE (Any one fire)	$
	☐ POLICY ☐ PROJECT ☐ LOC				MED EXPENSE (Any one person)	$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Each accident)	$
	☐ ANY AUTO				BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
	☐ SCHEDULED AUTOS				PROPERTY DAMAGE	$
	☐ HIRED AUTOS					
	☐ NON-OWNED AUTOS					
	☐ GARAGE LIABILITY					
	☐ OTHER					
	EXCESS LIABILITY				EACH OCCURRENCE	$
	☐ UMBRELLA FORM				AGGREGATE	$
	☐ OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE EACH EMPLOYEE	$
A	MEDICAL PROFESSIONAL LIABILITY **(Claims Made Coverage)**	679-6243	6/1/2009	6/1/2010	*INCIDENT	$ 1,000,000
					*AGGREGATE	$ 3,000,000
					*TOTAL POLICY AGGREGATE	$ 50,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

The policy(ies) provides coverage for all medical professionals employed or contracted by the above insured only for medical professional services provided for or on behalf of the insured.

Covered person: JAMES FLOWERS, M.D.

The limits shown above are inclusive of the applicable policy self insured retention.

CERTIFICATE HOLDER

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE
148 W. RIVER STREET
PROVIDENCE, RI 02904

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend for alter the coverage afforded by the policies listed thereon.

TEAMHealth

1900 Winston Road, Suite 300 • Knoxville TN 37919
p 800 342 2898 • 865 693 1000
www.teamhealth.com

September 3, 2009

State of Rhode Island and Providence Plantations
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615

Re: Consent to Use Name

Dear Secretary of State:

Please be advised that Emergency Physicians Associates of New England, P.C., an affiliated corporation of Team Health, Inc., gives consent for Emergency Physician Associates, Inc. to use a similar name to file its Application for Certificate of Authority in your office.

If you should have any questions, please do not hesitate in contacting me.

Sincerely,

Kelly A. Christopher
Corporate Paralegal
(800) 342-2898, ext. 5568