



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL ADAMS, SECRETARY OF STATE**

**1289588.09**

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ASN

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 6/23/2023 1:57 PM  
 Fee Receipt: \$20.00

**Division of Business Filings**  
 P.O. Box 718,  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Certificate of Assumed Name**  
**(Domestic or Foreign Business Entity)**

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: TeamHealth VirtualCare 2.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

THVC Services, P.S.C.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- |   |  |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership                   | <input type="checkbox"/> a Foreign General Partnership                   |
| <input type="checkbox"/> a Domestic Limited Liability Partnership         | <input type="checkbox"/> a Foreign Limited Liability Partnership         |
| <input type="checkbox"/> a Domestic Limited Partnership                   | <input type="checkbox"/> a Foreign Limited Partnership                   |
| <input type="checkbox"/> a Domestic Business Trust                        | <input type="checkbox"/> a Foreign Business Trust                        |
| <input type="checkbox"/> a Domestic Corporation                           | <input checked="" type="checkbox"/> a Foreign Corporation                |
| <input type="checkbox"/> a Domestic Limited Liability Company             | <input type="checkbox"/> a Foreign Limited Liability Company             |
| <input type="checkbox"/> a Domestic Statutory Trust                       | <input type="checkbox"/> a Foreign Statutory Trust                       |
| <input type="checkbox"/> a Domestic Limited Cooperative Association       | <input type="checkbox"/> a Foreign Limited Cooperative Association       |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

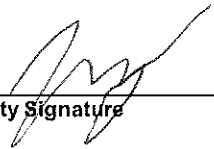
4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective date is \_\_\_\_\_.

5. The business is organized and existing in the state or country of Florida.

6. The mailing address is:

<u>265 Brookview Centre Way, Suite 203</u>	<u>Knoxville</u>	<u>TN</u>	<u>37919</u>
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

	<u>John R. Stair</u>	<u>Assistant Secretary</u>	<u>6/20/2023</u>
Authorized Party Signature	Printed Name	Title	Date