

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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0622307

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>F98000000745</b> 1. Corporation Name <b>TEAM RADIOLOGY, INC.</b>

99 JAN 25 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 3000 GALLERIA TOWER, STE 1000 BIRMINGHAM AL 35244

Mailing Address: 3000 GALLERIA TOWER, STE 1000 BIRMINGHAM AL 35244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
02/06/1998	56-1844186	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525


10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSINGALE, H. LYNN M.D.	1.2 NAME	
STREET ADDRESS	1900 WINSTON ROAD, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37919	1.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, HAROLD O	2.2 NAME	JAMES H. DICKERSON, JR.
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	2.3 STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP	BIRMINGHAM AL 35244	2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35244
TITLE	VSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THRASHER, TRACY P	3.2 NAME	SARA J. FINLEY
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	3.3 STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35244
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Signature: 

500002753945-6

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAMES H. DICKERSON, JR. 1/22/99 (205) 933-8996 Date Daytime Phone #

CR2E034 (1/198)

2



ACCOUNT NO. : 072100000032  
REFERENCE : 110478 4390339  
AUTHORIZATION :  
COST LIMIT : \$ 150. Patricia Pizut

ORDER DATE : January 25, 1999  
ORDER TIME : 1:42 PM  
ORDER NO. : 110478-080  
CUSTOMER NO: 4390339  
CUSTOMER: Ms. Tina Nelson  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: TEAM RADIOLOGY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED  
99 JAN 25 PM 2:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA