## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M0000000931

TOTAL EMED LEASING CO., LLC

Principal Place of Business	Mailing Addres
720 COOL SPRINGS BOULEVARD. SUITE 200 FRANKLIN TN 37067	720 COOL SPRI Franklin tn 3

## **FILED** May 28, 2002 8:00 am Secretary of State 05-28-2002 90725 022 \*\*\*\*50.00

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Principal Pla	ce of Business	Mailing Address						
720 COOL SPRINGS BOULEVARD. SUITE 200 FRANKLIN TN 37067		720 COOL SPRINGS BO FRANKLIN TN 37067	720 COOL SPRINGS BOULEVARD. SUITE 200 FRANKLIN TN 37067		<b>~</b> • •			
2. Principal	Place of Business	3. Mailing Address	·					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE II		IE WIEL WEN JOH	
City & Sta	te	City & State		4. FEI	Number 60 1004700		Applied For	
Zip	Country	Zip	Country		62-1804780		Vot Applicable	
		,	Country	<b>5.</b> Cert	ificate of Status Desired	☐ \$5.00 A Fee Requi	dditional red	
<del></del> -	6. Name and Address of Curre	nt Registered Agent	Name		e and Address of New Regis	stered Agent		
NR.	AI SERVICES, INC.			· · · · · · · · · · · · · · · · · · ·				
526	E. PARK AVENUE LAHASSEE FL 32301		Street Address		Number is Not Acceptable)			
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			City			FL Zip Co	de	
	named entity submits this statement	for the purpose of changing i	its registered office	or registered agent,	or both, in the State of Florida	<b>l.</b>	• •••	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (No	OTE: Registered Agent sign:	ature required when reinstat	ing)	DATE		
		Make Check F	NOW!!! FEE IS Payable to Depar ue By May 1, 20	tment of State				
9.		Make Check F	Payable to Depar	rtment of State 02	ADDITIONS/CH/	ANGES		
9. Title Name Street address City-St-Zip	MANAGING MEME P MOFFENBEIER, DAVID 20500 NW EVERGREEN PARK HILLSBORO OR 97124	Make Check F D BERS/MANAGERS	Payable to Depar ue By May 1, 20	President Richard 3 720 Call	D. Rehm, MD Springs Blud., Sui	☐ Change	Addition	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #