

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000931

1. Entity Name

TOTAL EMED LEASING CO., LLC

Principal Place of Business

720 COOL SPRINGS BOULEVARD, SUITE 200
FRANKLIN TN 37067

Mailing Address

720 COOL SPRINGS BOULEVARD, SUITE 200
FRANKLIN TN 37067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1804780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☒ Delete
P MOFFENBEIER, DAVID
STREET ADDRESS 20500 NW EVERGREEN PARKWAY
CITY-ST-ZIP HILLSBORO OR 97124

TITLE NAME ☒ Delete
VS BOULDING, MARK E
STREET ADDRESS 224 WEST 30TH STREET
CITY-ST-ZIP NEW YORK NY 10001

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
President Richard D. Rehm, M.D.
STREET ADDRESS 720 Cool Springs Blvd., Suite 200
CITY-ST-ZIP Franklin, TN 37067

TITLE NAME ☐ Change ☒ Addition
Secretary, Treasurer and CFO Anthony James
STREET ADDRESS 720 Cool Springs Blvd., Suite 200
CITY-ST-ZIP Franklin, TN 37067

TITLE NAME ☐ Change ☒ Addition
Principal Scott D. Steele
STREET ADDRESS 200 State Street
CITY-ST-ZIP Boston, MA 02109

TITLE NAME ☐ Change ☒ Addition
Principal John A. Neis
STREET ADDRESS 200 State Street
CITY-ST-ZIP Boston, MA 02109

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 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 REQUIRED

5-9-02

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

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90725 022 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)