

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006284

**Entity Name:** TEAM RADIOLOGY, INC.**Current Principal Place of Business:**265 BROOKVIEW CENTRE WAY, SUITE 400  
KNOXVILLE, TN 37919**Current Mailing Address:**265 BROOKVIEW CENTRE WAY, SUITE 400  
ATTN: LEGAL  
KNOXVILLE, TN 37919**FEI Number:** 56-1844186**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D, P
Name	BRISTOW, KENT
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

Title	D
Name	SNOW, MICHAEL
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

Title	AS
Name	STAIR, JOHN
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

Title	T
Name	JONES, DAVID
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

Title	AT
Name	BELMAR, CAROLE
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN R. STAIR**ASSISTANT SECRETARY** 04/03/2014\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date