

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 600915

1. Entity Name

DRS. SHEER, AHEARN & ASSOCIATES, INC.



Principal Place of Business

6302E. MARTIN LUTHER KING BLVD.
STE 470
TAMPA FL 33619
US

Mailing Address

1900 WINSTON RD
SUITE 300
KNOXVILLE TN 37919
US

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

59-1237521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MASSINGALE, H. LYNN MD
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE VPD ☐ Delete
NAME HATCHER, MIKE
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE VPLA ☐ Delete
NAME JOYNER, ROBERT
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE T ☐ Delete
NAME JONES, DAVID
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE VP ☐ Delete
NAME CRAIG, JOHN
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE AS ☐ Delete
NAME STAIR, JOHN R
STREET ADDRESS 1900 WINSTON ROAD
CITY-ST-ZIP KNOXVILLE TN 37919

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other the empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

865-297-5663

Date

Daytime Phone #