


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90304 024 \*\*\*150.00

<b>DOCUMENT # 600915</b> 1. Entity Name <b>DRS. SHEER, AHEARN &amp; ASSOCIATES, INC.</b>																																																																																																																													
Principal Place of Business <b>6302E. MARTIN LUTHER KING BLVD. STE 470 TAMPA FL 33619 US</b>			Mailing Address <b>1900 WINSTON RD SUITE 300 KNOXVILLE TN 37919 US</b>																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number <b>59-1237521</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> </div> </div>																																																																																																																													
<div style="display: flex;"> <div style="width: 50%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASSINGALE, H. LYNN MD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1900 WINSTON RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KNOXVILLE TN 37919</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HATCHER, MIKE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1900 WINSTON RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KNOXVILLE TN 37919</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPLA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOYNER, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1900 WINSTON RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KNOXVILLE TN 37919</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JONES, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1900 WINSTON RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KNOXVILLE TN 37919</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CRAIG, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1900 WINSTON RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KNOXVILLE TN 37919</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STAIR, JOHN R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1900 WINSTON ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KNOXVILLE TN 37919</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">Reg. VP., Director</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Grog Roth</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1900 Winston Rd,</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Knoxville TN 37919</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	MASSINGALE, H. LYNN MD		STREET ADDRESS	1900 WINSTON RD		CITY-ST-ZIP	KNOXVILLE TN 37919		TITLE	VPD	<input checked="" type="checkbox"/> Delete	NAME	HATCHER, MIKE		STREET ADDRESS	1900 WINSTON RD		CITY-ST-ZIP	KNOXVILLE TN 37919		TITLE	VPLA	<input type="checkbox"/> Delete	NAME	JOYNER, ROBERT		STREET ADDRESS	1900 WINSTON RD		CITY-ST-ZIP	KNOXVILLE TN 37919		TITLE	T	<input type="checkbox"/> Delete	NAME	JONES, DAVID		STREET ADDRESS	1900 WINSTON RD		CITY-ST-ZIP	KNOXVILLE TN 37919		TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	CRAIG, JOHN		STREET ADDRESS	1900 WINSTON RD		CITY-ST-ZIP	KNOXVILLE TN 37919		TITLE	AS	<input type="checkbox"/> Delete	NAME	STAIR, JOHN R		STREET ADDRESS	1900 WINSTON ROAD		CITY-ST-ZIP	KNOXVILLE TN 37919		TITLE	Reg. VP., Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Grog Roth		STREET ADDRESS	1900 Winston Rd,		CITY-ST-ZIP	Knoxville TN 37919		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered																																																																																																																													
<b>SIGNATURE:</b> _____ <i>John Stair, Asst. Sec.</i> <span style="float: right;">4/11/06 865-273-5605</span>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <span><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></span> <span><small>Date</small></span> <span><small>Daytime Phone #</small></span> </div>																																																																																																																													



1st MOORE CR2E034 (10/05)