**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

Page 1 of 2

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 31 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000699 (9)**

1. Corporation Name
**SOUTHEASTERN EMERGENCY PHYSICIANS OF MEMPHIS, INC.**

Principal Place of Business
P.O. BOX 30698
KNOXVILLE TN 37930

Mailing Address
P.O. BOX 30698
KNOXVILLE TN 37930-0698

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business
21 1900 Winston Road
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Knoxville, TN
Zip 24 37919 Country 25 USA

2a. Mailing Address
26 3000 Galleria Tower
Suite, Apt. #, etc
27 Suite 1000
City & State
28 Birmingham, AL
Zip 29 35244 Country 30 USA

4. FEI Number: 62-1453389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
**1201 HAYS STREET**
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100000207483 1---4
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Deborah D. Skipper, as agent Deboreh D. Skipper 1-31-97
Signature and typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD ☐ DELETE | 1.1 TITLE | P ☒ Change ☐ Addition |
| NAME | MASSINGALE, H L M.D. | 1.2 NAME | Massingale, H. Lynn |
| STREET ADDRESS | 1900 WINSTON ROAD | 1.3 STREET ADDRESS | 1900 Winston Road, Suite 300 |
| CITY-ST-ZIP | KNOXVILLE TN 37919 | 1.4 CITY-ST-ZIP | Knoxville, TN 37919 |
| TITLE | VP ☒ DELETE | 2.1 TITLE | D/CEO ☐ Change ☒ Addition |
| NAME | SWEENEY, ROBERT | 2.2 NAME | House, Larry R. |
| STREET ADDRESS | 5100 POPLAR AVE / STE - 2749 | 2.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 |
| CITY-ST-ZIP | MEMPHIS TN | 2.4 CITY-ST-ZIP | Birmingham, AL 35244 |
| TITLE | SD ☒ DELETE | 3.1 TITLE | D/VP/T ☐ Change ☒ Addition |
| NAME | HATCHER, MICHAEL | 3.2 NAME | Knight, Harold O., Jr. |
| STREET ADDRESS | 1900 WINSTON RD / STE - 300 | 3.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 |
| CITY-ST-ZIP | KNOXVILLE TN | 3.4 CITY-ST-ZIP | Birmingham, AL 35244 |
| TITLE | AS ☒ DELETE | 4.1 TITLE | D/S ☐ Change ☒ Addition |
| NAME | G. EDWARD ALEXANDER | 4.2 NAME | Thrasher, Tracy P. |
| STREET ADDRESS | 1900 WINSTON ROAD, SUITE 300 | 4.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 |
| CITY-ST-ZIP | KNOXVILLE TN | 4.4 CITY-ST-ZIP | Birmingham, AL 35244 |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | MWB |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [illegible] 1/29/97 (205)733-8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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97 JAN 31 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 243301 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 165.00

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ORDER DATE : January 30, 1997

ORDER TIME : 10:04 AM

ORDER NO. : 243301-010

100002074831--4

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

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ANNUAL REPORT FILING

NAME: SOUTHEASTERN EMERGENCY
PHYSICIANS OF MEMPHIS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Thelmon Washington

EXAMINER'S INITIALS: MW

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96 JAN 31 AM 11:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA