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	Mailing Address
P.O. BOX 30698 KNOXVILLE TN 37930	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	2a. Mailing Address
21 1900 Winston Road	26 3000 Galleria Tower
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 1000
City & State 23 Knoxville, TN	City & State 28 Birmingham, AL
Zip / Country 24 37919 / 25 USA	Zip / Country 29 35244 / 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100002074831---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's 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 800	
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 added on an attachment with an address.

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

THE UNITED STATES CORPORATION COMPANY

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

ACCOUNT NO. : 072100000032

REFERENCE : 243301 4390339

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 165.00

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

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:

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