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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAY -1 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F93000000699 (9)

1. Corporation Name

SOUTHEASTERN EMERGENCY PHYSICIANS OF MEMPHIS, IN
C.

Principal Place of Business

1800 WINSTON RD
STE 300
KNOXVILLE TN 37919

Mailing Address

3000 GALLERIA TOWER, STE 1000
BIRMINGHAM AL 35244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1993

4. FEI Number

62-1453389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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)

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MASSINGALE, H L M.D.
STREET ADDRESS 1900 WINSTON ROAD, STE 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ DELETE

TITLE DCEO
NAME HOUSE, LARRY R
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ DELETE

TITLE DVPT
NAME KNIGHT, HAROLD O JR
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ DELETE

TITLE DS
NAME THRASHER, TRACY P
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 200002507852--6
1.4 CITY-ST-ZIP

2.1 TITLE D/CEO ☐ Change ☒ Addition
2.2 NAME E. Mac Crawford
2.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
2.4 CITY-ST-ZIP Birmingham, AL 35244

3.1 TITLE V/T/D ☒ Change ☐ Addition
3.2 NAME Harold O. Knight, Jr.
3.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
3.4 CITY-ST-ZIP Birmingham, AL 35244

4.1 TITLE D/S ☒ Change ☐ Addition
4.2 NAME Thrasher, Tracy P.
4.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
4.4 CITY-ST-ZIP Birmingham, AL 35244

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

Tracy P. Thrasher

3-20-98 205-733-8891

CR25034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizut

ORDER DATE : April 30, 1998

ORDER TIME : 9:24 AM

ORDER NO. : 802968-075

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: Lynette Coleman

EXAMINER'S INITIALS: _____

RECEIVED
98 MAY -1 AM 11:22
DIVISION OF CORPORATION

2