

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90131 012 ***150.00

DOCUMENT # F93000000699

1. Entity Name

SOUTHEASTERN EMERGENCY PHYSICIANS OF MEMPHIS, IN

9 2 3 0 0 0



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1900 WINSTON RD
STE 300
KNOXVILLE TN 37919

1900 WINSTON RD
STE 300
KNOXVILLE TN 37919

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 **62-1453389**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MASSINGALE, H L M.D.	
STREET ADDRESS	1900 WINSTON ROAD, STE 300	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	DICKERSON, JAMES H JR	
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	FINLEY, SARA J	
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. Assist Secretary	<input type="checkbox"/> Delete
NAME	Stephan Sudlin	Add.
STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	David Jones	Add.
STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	Knoxville, TN 37919	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randal Dabbs, M.D.	
STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monty Scott	
STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	V.P. Legal	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Joyner	
STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Hatcher	
STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Strair	
STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H-Lynn Massingale, M.D.	
STREET ADDRESS	1900 Winston Road	
CITY-ST-ZIP	Knoxville, TN 37919	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)