

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

APR 11, 2005 08:00 AM
Secretary of State
JAN 19 2005

DOCUMENT # F97000000275

1. Entity Name

ACS PRIMARY CARE PHYSICIANS - SOUTHEAST, P.C.



Principal Place of Business

1900 WINSTON RD
KNOXVILLE TN 37919

Mailing Address

P.O. BOX 30698
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

65-0691102

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

CORPORATION SERVICE COMPANY
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	PRINCIPE, NEIL J MD	
STREET ADDRESS	14050 NW 14TH ST STE., #190	
CITY - ST - ZIP	FORT LAUDERDALE FL 33323	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, DAVID P	
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 RD	
CITY - ST - ZIP	KNOXVILLE TN 37919	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BELMAR, CAROLE	
STREET ADDRESS	1900 WINSTON RD STE 300	
CITY - ST - ZIP	KNOXVILLE TN 37919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000298091
04/11/05-80052-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

293-5665