

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000745

1. Entity Name

TEAM RADIOLOGY, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90066 046 \*\*\*150.00

Principal Place of Business

Mailing Address

3000 GALLERIA TOWER, STE 1000  
BIRMINGHAM AL 35244

3000 GALLERIA TOWER, STE 1000  
BIRMINGHAM AL 35244-2359

LU054400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 WINSTON RD.

3. Mailing Address

1900 WINSTON RD.

Suite, Apt. #, etc.

STE 300

Suite, Apt. #, etc.

STE 300

City & State

KNOXVILLE TN

City & State

KNOXVILLE TN

4. FEI Number

56-1844186

Applied For

Not Applicable

Zip

37919

Country

USA

Zip

37919

Country

USA

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 32301-2525

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, 2000 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** ☐ Delete  
NAME **MASSINGALE, H. LYNN M.D.**  
STREET ADDRESS **1900 WINSTON ROAD, SUITE 300**  
CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VTD** ☒ Delete  
NAME **DICKERSON, JAMES H JR.**  
STREET ADDRESS **3000 GALLERIA TOWER, STE 1000**  
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE **VP/SECRETARY/DIRECTOR** ☐ Change ☒ Addition  
NAME **MICHAEL HATCHER**  
STREET ADDRESS **1900 WINSTON RD. STE 300**  
CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE **VSD** ☒ Delete  
NAME **FINLEY, SARA J**  
STREET ADDRESS **3000 GALLERIA TOWER, STE 1000**  
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE **VP/TREASURER** ☐ Change ☒ Addition  
NAME **DAVID JONES**  
STREET ADDRESS **1900 WINSTON RD. STE 300**  
CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP/ASST. SECRETARY** ☐ Change ☒ Addition  
NAME **STEPHEN SHERLIN**  
STREET ADDRESS **1900 WINSTON RD. STE 300**  
CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*MICHAEL HATCHER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/00

Daytime Phone #

865-693-1000

CR2E034 (9/99)