

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000745

1. Entity Name
TEAM RADIOLOGY, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90131 011 ***150.00

Principal Place of Business Mailing Address

1900 WINSTON RD 1900 WINSTON RD
STE 300 STE 300
KNOXVILLE TN 37919 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



DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1844186 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ (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	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSINGALE, H. LYNN M.D.		NAME	Jay Brunner, M.D.	
STREET ADDRESS	1900 WINSTON ROAD, SUITE 300		STREET ADDRESS	1960 Winston Rd.	
CITY-ST-ZIP	KNOXVILLE TN 37919		CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Vice Pres. / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATCHER, MICHAEL		NAME	H. Lynn Massingale, M.D.	
STREET ADDRESS	1900 WINSTON RD STE 300		STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	KNOXVILLE TN 37919		CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	V.P. - Legal - Assist. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DAVID		NAME	Robert Joyner	
STREET ADDRESS	1900 WINSTON RD STE 300		STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	KNOXVILLE TN 37919		CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	Assist. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERLIN, STEPHEN		NAME	John Stair	
STREET ADDRESS	1900 WINSTON RD STE 500		STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	KNOXVILLE TN 37919		CITY-ST-ZIP	Knoxville, TN 37919	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: John Stair 2/18/01 (865) 293-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)