

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001978

1. Entity Name

MEDICAL MANAGEMENT PROFESSIONALS OF TENNESSEE, I

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90013 014 \*\*\*150.00

Principal Place of Business

Mailing Address

5959 SHALLOWFORD ROAD, SUITE 511  
CHATTANOOGA TN 37421

5959 SHALLOWFORD ROAD, SUITE 511  
CHATTANOOGA TN 37421-2236

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1878476

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEV  
REEVES, KEITH W  
6840 ROCKSIDE WOODS BLVD., SUITE 330  
CLEVELAND OH 44131 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BRADFORD, JOCELYN A  
6840 ROCKSIDE WOODS BLVD., SUITE 330  
CLEVELAND OH 44131 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
RUTIGLIANO, BARBARA A  
6840 ROCKSIDE WOODS BLVD., SUITE 330  
CLEVELAND OH 44131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
YOUNG, FELICIA R  
6840 ROCKSIDE WOODS BLVD., SUITE 330  
CLEVELAND OH 44131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WOLFE, DENNIS K  
5959 SHALLOWFORD ROAD, SUITE 511  
CHATTANOOGA TN 37421 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BUSH, J. DOUGLAS JR.  
7910 MEMORIAL PKWY., SW, SUITE J  
HUNTSVILLE AL 35802 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
TONY M. D'ANDREA JR.  
5959 SHALLOWFORD ROAD, STE 511  
CHATTANOOGA TN 37421 ☐ Change ☒ Addition

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

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)