

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90049 033 ***150.00

DOCUMENT # F99000001978

1. Entity Name

MEDICAL MANAGEMENT PROFESSIONALS OF TENNESSEE, I

Principal Place of Business

Mailing Address

**5959 SHALLOWFORD ROAD, SUITE 511
CHATTANOOGA TN 37421****5959 SHALLOWFORD ROAD, SUITE 511
CHATTANOOGA TN 37421****816117**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	P	D'ANDREA, TONY M JR	5959 SHALLOWFORD RD STE 511 CHATTANOOGA TN 37421	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V	ROBERT E. GONTAREK	5959 SHALLOWFORD ROAD, STE 511 CHATTANOOGA, TN 37421
<input type="checkbox"/> Delete	S	RUTIGLIANO, BARBARA A	6840 ROCKSIDE WOODS BLVD., SUITE 330 CLEVELAND OH 44131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V	G. DARRELL HULSEY	5959 SHALLOWFORD ROAD, STE 511 CHATTANOOGA, TN 37421
<input type="checkbox"/> Delete	AT	YOUNG, FELICIA R	6840 ROCKSIDE WOODS BLVD., SUITE 330 CLEVELAND OH 44131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T	DAVID S. AZZOLINA	6480 ROCKSIDE WOODS BLVD.S. STE. 330 INDEPENDENCE, OH 44131
<input type="checkbox"/> Delete	V	WOLFE, DENNIS K	5959 SHALLOWFORD ROAD, SUITE 511 CHATTANOOGA TN 37421	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	V	BUSH, J. DOUGLAS JR.	7910 MEMORIAL PKWY., SW, SUITE J HUNTSVILLE AL 35802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P	J. DOUGLAS BUSH, JR.	5959 SHALLOWFORD ROAD, STE 511 CHATTANOOGA, TN 37421
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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 address 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)