

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **F09000002987**

1. Entity Name

Total eMed of Tennessee, Inc.

00 MAY 11 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

720 Cool Springs Blvd.,  
Suite 200  
Franklin, TN 37067

Mailing Address

720 Cool Springs Blvd.,  
Suite 200  
Franklin, TN 37067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1731371

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI Services, Inc.  
526 E. Park Avenue  
Tallahassee, FL 32301

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

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

TITLE P/D  
NAME Richard D. Rehm, M.D. ☐ Delete  
STREET ADDRESS 720 Cool Springs Blvd., Suite 200  
CITY-ST-ZIP Franklin, TN 37067

TITLE V/S/D  
NAME Ted S. MacDonald ☐ Delete  
STREET ADDRESS 720 Cool Springs Blvd., Suite 200  
CITY-ST-ZIP Franklin, TN 37067

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600003256386--2**  
**-05/18/00--01005--018**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600003256386--2**  
**-05/18/00--01005--019**  
**\*\*\*\*550.00 \*\*\*\*550.00**

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

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

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NAME  
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CITY-ST-ZIP

☐ 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.

**KE**

SIGNATURE: *Tal M. O.*

Vice President

5/10/00

(615) 261-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #