

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90250 045 \*\*\*150.00

**DOCUMENT # F99000002987**

1. Entity Name  
**TOTAL EMED OF TENNESSEE, INC.**



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

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

**62-1731371**

Applied For

Not Applicable

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

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **REHM, RICHARD D MD**  
STREET ADDRESS **720 COOL SPRINGS BLVD, #200**  
CITY-ST-ZIP **FRANKLIN, TN 37067**

TITLE **CEO + DIRECTOR** ☐ Change ☒ Addition  
NAME **STEVE SIMPSON**  
STREET ADDRESS **720 COOL SPRINGS BLVD, SUITE 200**  
CITY-ST-ZIP **FRANKLIN, TN 37067**

TITLE **STCF** ☐ Delete  
NAME **JAMES, ANTHONY**  
STREET ADDRESS **720 COOL SPRINGS BLVD, #200**  
CITY-ST-ZIP **FRANKLIN, TN 37067**

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

TITLE **P** ☒ Delete  
NAME **STEELE, SCOTT D**  
STREET ADDRESS **200 STATE STREET**  
CITY-ST-ZIP **BOSTON, MA 02109**

TITLE **CAO + SECRETARY** ☐ Change ☒ Addition  
NAME **GREG STEVENS**  
STREET ADDRESS **720 COOL SPRINGS BLVD., SUITE 200**  
CITY-ST-ZIP **FRANKLIN, TN 37067**

TITLE **P** ☒ Delete  
NAME **NEIS, JOHN A**  
STREET ADDRESS **200 STATE STREET**  
CITY-ST-ZIP **BOSTON, MA 02109**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Anthony D. James**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/04**  
Date

Daytime Phone #