

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09961 (9)
1. Corporation Name
THE EMERGENCY ASSOCIATES FOR MEDICINE, INC.

Principal Place of Business
6000 COURTNEY CAMPBELL CAUSEWAY
SUITE 400
TAMPA FL 33607
US

Mailing Address
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244

FILED

98 MAY -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 1900 Winston Road | | 26 Suite, Apt. #, etc. | | 01/01/1988 | |
| 22 Suite 300 | | 27 City & State | | 4. FEI Number | |
| 23 Knoxville, TN | | 28 Zip | | 59-2862461 | |
| 24 37919 | | 29 Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired | |
| | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 7. This corporation owes or has paid the current year Intangible | |
| | | | | Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CORPORATION SERVICE COMPANY | | | | 81 Name | | | |
| 1201 HAYS STREET | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| TALLAHASSEE FL 32301 | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------------------|--|--|---|---------------------------------|--|--|
| TITLE | CEO | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | D/CEO | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | HOUSE, LARRY R | | | 1.2 NAME | E. Mac Crawford | | |
| STREET ADDRESS | 3000 GALLERIA TOWER, STE 1000 | | | 1.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 | | |
| CITY-ST-ZIP | BIRMINGHAM AL 35244 | | | 1.4 CITY-ST-ZIP | Birmingham, AL 35244 | | |
| TITLE | DVPT | <input type="checkbox"/> DELETE | | 2.1 TITLE | V/T/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KNIGHT, HAROLD O JR | | | 2.2 NAME | Harold O. Knight, Jr. | | |
| STREET ADDRESS | 3000 GALLERIA TOWER, STE 1000 | | | 2.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 | | |
| CITY-ST-ZIP | BIRMINGHAM AL 35244 | | | 2.4 CITY-ST-ZIP | Birmingham, AL 35244 | | |
| TITLE | DVPS | <input type="checkbox"/> DELETE | | 3.1 TITLE | V/S/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THRASHER, TRACEY P | | | 3.2 NAME | Tracy P. Thrasher | | |
| STREET ADDRESS | 3000 GALLERIA TOWER, STE 1000 | | | 3.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 | | |
| CITY-ST-ZIP | BIRMINGHAM AL 35244 | | | 3.4 CITY-ST-ZIP | Birmingham, AL 35244 | | |
| TITLE | P | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HILLMAN, JAMES V M.D. | | | 4.2 NAME | | | |
| STREET ADDRESS | 6200 COURTNEY CAMPBELL CAUSEWAY | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33607 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | 5.1 TITLE | V | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MASSINGALE, H. LYNN M.D. | | | 5.2 NAME | H. Lynn Massingale, M.D. | | |
| STREET ADDRESS | 1900 WINSTON ROAD, SUITE 300 | | | 5.3 STREET ADDRESS | 1900 Winston Road, Suite 300 | | |
| CITY-ST-ZIP | KNOXVILLE TN 37919 | | | 5.4 CITY-ST-ZIP | Knoxville, TN 37919 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Tracy P. Thrasher

CR2E034 (10/97)

85/498



ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizant

ORDER DATE : April 30, 1998

ORDER TIME : 9:18 AM

ORDER NO. : 802968-030

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: THE EMERGENCY ASSOCIATES
FOR MEDICINE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____

RECEIVED
98 MAY -1 AM 11:21
DIVISION OF CORPORATION