

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K09961

1. Corporation Name

THE EMERGENCY ASSOCIATES FOR MEDICINE, INC.

Principal Place of Business

1900 WINSTON ROAD  
SUITE 300  
KNOXVILLE TN 37919  
US

Mailing Address

3000 GALLERIA TOWER  
SUITE 1000  
BIRMINGHAM AL 35244

FILED

99 JAN 25 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1988

4. FEI Number

59-2862461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

1900 WINSTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

SUITE 300

City & State

City & State

23

28

KNOXVILLE, TN

Zip

Country

Zip

Country

24

25

29

37919

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 DCEO ☒ DELETE

NAME CRAWFORD, E. MAC  
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VTD ☒ DELETE

NAME KNIGHT, HAROLD O JR  
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VSD ☒ DELETE

NAME THRASHER, TRACEY P  
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME HILLMAN, JAMES V M.D.  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY  
CITY-ST-ZIP TAMPA FL 33607

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME MASSINGALE, H. LYNN M.D.  
STREET ADDRESS 1900 WINSTON ROAD, SUITE 300  
CITY-ST-ZIP KNOXVILLE TN 37919

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002753944--0

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KATHERINE HARRIS, SECRETARY OF STATE  
1/22/99 (205) 733-8996

Date Daytime Phone #

0522311

CR2E034 (11/98)



2

ACCOUNT NO. : 072100000032

REFERENCE : 110478 4390339

AUTHORIZATION :

COST LIMIT :

*Patricia Pizant*  
\$ 199.00

ORDER DATE : January 25, 1999

ORDER TIME : 1:41 PM

ORDER NO. : 110478-075

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson  
Medpartners, Inc.  
3000 Galleria Tower  
Suite 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: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED  
99 JAN 25 PM 2:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA