

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09961

1. Entity Name

THE EMERGENCY ASSOCIATES FOR MEDICINE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 023 ***150.00

Principal Place of Business

Mailing Address

1900 WINSTON ROAD
SUITE 300
KNOXVILLE TN 37919
US

1900 WINSTON ROAD
SUITE 300
KNOXVILLE TN 37919-3606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2862461

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD
NAME DICKERSON, JAMES H JR.
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE VP/SEC/DIRECTOR
NAME MICHAEL HATCHER
STREET ADDRESS 1900 WINSTON RD. STE 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE VSD
NAME FINLEY, SARA J
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE VP/TREASURER
NAME DAVID JONES
STREET ADDRESS 1900 WINSTON RD. STE 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

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

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

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

TITLE V/DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP/ASST. SEC
NAME STEPHEN SHERLIN
STREET ADDRESS 1900 WINSTON RD STE 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

Michael Hatcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Hatcher 2/25/00 865-693-1800
Date Daytime Phone #

CR2E034 (9/99)