

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # K09961

1. Entity Name

THE EMERGENCY ASSOCIATES FOR MEDICINE, INC.



Principal Place of Business
1900 WINSTON ROAD
SUITE 300
KNOXVILLE TN 37919
US

Mailing Address
1900 WINSTON ROAD
SUITE 300
KNOXVILLE TN 37919
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. 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

Make Check Payable to Florida Department of State

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
NAME VSD
HATCHER, MICHAEL
STREET ADDRESS
CITY-ST-ZIP 1900 WINSTON RD STE 300
KNOXVILLE TN 37919 ☐ Delete

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

TITLE
NAME VT
JONES, DAVID
STREET ADDRESS
CITY-ST-ZIP 1900 WINSTON RD STE 300
KNOXVILLE TN 37919 ☐ Delete

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

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

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

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

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

TITLE
NAME VAS
SHERLIN, STEPHEN
STREET ADDRESS
CITY-ST-ZIP 1900 WINSTON RD STE 300
KNOXVILLE TN 37919 ☐ Delete

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

TITLE
NAME AS
STAIR, JOHN
STREET ADDRESS
CITY-ST-ZIP 1900 WINSTON ROAD
KNOXVILLE TN 37919 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/19/04

865-243-5667