

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90304 026 \*\*\*150.00

**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

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2862461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, MICHAEL	
STREET ADDRESS	1900 WINSTON RD STE 300	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JONES, DAVID	
STREET ADDRESS	1900 WINSTON RD STE 300	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HILLMAN, JAMES V M.D.	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MASSINGALE, H. LYNN M.D.	
STREET ADDRESS	1900 WINSTON ROAD, SUITE 300	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	SHERLIN, STEPHEN	
STREET ADDRESS	1900 WINSTON RD STE 300	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STAIR, JOHN	
STREET ADDRESS	1900 WINSTON ROAD	
CITY-ST-ZIP	KNOXVILLE TN 37919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil J. Principe	
STREET ADDRESS	14050 NW 14th St., Suite 190	
CITY-ST-ZIP	Ft. Lauderdale, FL 33323	
TITLE	VP & Dir.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greg Roth	
STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	VP & Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Joyner	
STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	Knoxville, TN 37919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

John Stair, Asst. Sec.

4/11/06

Date

865-293-8665

Daytime Phone #