

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K09961

FILED
Apr 11, 2008
Secretary of State

Entity Name: THE EMERGENCY ASSOCIATES FOR MEDICINE, INC.

Current Principal Place of Business:

1900 WINSTON ROAD
SUITE 506
KNOXVILLE, TN 37919 US

New Principal Place of Business:

1900 WINSTON ROAD
SUITE 300
KNOXVILLE, TN 37919 US

Current Mailing Address:

1900 WINSTON ROAD
SUITE 506
KNOXVILLE, TN 37919 US

New Mailing Address:

1900 WINSTON ROAD
SUITE 300
KNOXVILLE, TN 37919 US

FEI Number: 59-2862461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLTZCLAW, STEPHEN MD
Address: 14050 NW 14TH ST STE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: VT () Delete
Name: JONES, DAVID
Address: 1900 WINSTON RD STE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: VPS () Delete
Name: JOYNER, BOB
Address: 1900 WINSTON RD
City-St-Zip: KNOXVILLE, TN 37919

Title: VD () Delete
Name: MASSINGALE, H. LYNN M.D.
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: AS () Delete
Name: STAIR, JOHN
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: AT () Delete
Name: BELMAR, CAROLE
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STAIR

AS

04/11/2008

Electronic Signature of Signing Officer or Director

_____ Date