2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2010
Secretary of State

DOCUMENT# K09961

Entity Name: THE EMERGENCY ASSOCIATES FOR MEDICINE, INC.

Current Principal Place of Business:

1900 WINSTON ROAD
SUITE 300
KNOXVILLE, TN 37919 US

New Principal Place of Business:

265 BROOKVIEW CENTRE WAY, SUITE 400
KNOXVILLE, TN 37919 US

Current Mailing Address:

1900 WINSTON ROAD, SUITE 300
ATTN: LEGAL
KNOXVILLE, TN 37919 US

New Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL
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
Name: HOLTZCLAW, STEPHEN MD
Address: 14050 NW 14TH ST STE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: VT
Name: JONES, DAVID
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: VPS
Name: ALLEN, HEIDI S
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: VD
Name: MASSINGALE, H. LYNN M.D.
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: AS
Name: STAIR, JOHN
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: AT
Name: BELMAR, CAROLE
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

I hereby 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 all other like empowered.

SIGNATURE: JOHN STAIR AS 04/23/2010

Electronic Signature of Signing Officer or Director Date