

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 12 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L73924

1. Corporation Name

SARASOTA EMERGENCY MEDICAL CONSULTANTS, INC.

Principal Place of Business

TEAM  
6200 COURTNEY CAMPBELL CAUSEWAY, STE 400  
TAMPA FL 33607  
US

Mailing Address

TEAM  
6200 COURTNEY CAMPBELL CAUSEWAY, STE 400  
TAMPA FL 33607  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1990

4. FEI Number

65-0195332

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CRUZ, NATALIA N  
6200 COURTNEY CAMPBELL CAUSEWAY  
STE 400  
TAMPA FL 34238

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME JAMES V HILLMAN  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY STE 400  
CITY-ST-ZIP TAMPA FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P  
12 NAME H. LYNN HASSINGALE, M.D.  
13 STREET ADDRESS 1900 WINSTON RD, #300  
14 CITY-ST-ZIP KNOXVILLE, TN 37919

21 TITLE VP/IT/D  
22 NAME JAMES H. DICKERSON, JR.  
23 STREET ADDRESS 3000 GALLERIA TOWER, #1000  
24 CITY-ST-ZIP BIRMINGHAM, AL 35244

31 TITLE VP/IT/D  
32 NAME SARA J. FINLEY  
33 STREET ADDRESS 3000 GALLERIA TOWER, #1000  
34 CITY-ST-ZIP BIRMINGHAM, AL 35244

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

2/10/99

Date

205/700-8996

Daytime Phone #

0387977

CR2E034 (11/98)