

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L73924

1. Entity Name

SARASOTA EMERGENCY MEDICAL CONSULTANTS, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90015 001 \*\*\*300.00

Principal Place of Business Mailing Address  
T.E.A.M. T.E.A.M.  
6200 COURTNEY CAMPBELL CAUSEWAY, STE. 400 6200 COURTNEY CAMPBELL CAUSEWAY, STE. 400  
TAMPA FL 33607 TAMPA FL 33607-1496  
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
T.E.A.M. T.E.A.M.  
Suite, Apt. #, etc. SUITE 700 Suite, Apt. #, etc. SUITE 700  
320 W. KENNEDY BLVD. 320 W. KENNEDY BLVD.  
City & State City & State  
TAMPA, FL TAMPA, FL  
Zip Country Zip Country  
33606 USA 33606 USA

4. FEI Number 65-0195332 Applied For  
Not Applicable

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  
CRUZ, NATALIA N  
6200 COURTNEY CAMPBELL CAUSEWAY  
STE 400  
TAMPA FL 34238  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
T.E.A.M.  
320 W. KENNEDY BLVD, SUITE 700  
City TAMPA FL Zip Code 33606

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSINGALE, H. LYNN MD 1900 WINSTON RD., #300 KNOXVILLE TN 37919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DICKERSON, JAMES H 3000 GALLERIA TOWER, #1000 BIRMINGHAM AL 35244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DAVID JONES 1900 WINSTON RD, #300 KNOXVILLE, TN 37919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FINLEY, SARA J 3000 GALLERIA TOWER, #1000 BIRMINGHAM AL 35244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/SD MICHAEL L. HATCHER 1900 WINSTON RD. #300 KNOXVILLE, TN 37919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ASST. SEC STEPHEN SHERLIN 1900 WINSTON RD #300 KNOXVILLE, TN 37919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES V. HILLMAN, MD 320 W. KENNEDY BLVD, SUITE 700 TAMPA, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/25/00 (813) 251-6911 Daytime Phone #

CR2E034 (9/99)