

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83971

1. Entity Name

Emergency Physicians of Manatee, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2205 87th Street NW

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34209

Country

USA

3. Mailing Address

320 W. Kennedy Boulevard

Suite, Apt. #, etc.

Suite 700

City & State

Tampa, FL 33606

Zip

33606

Country

USA

4. FEI Number

65-0051890

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | Vice President/Director                    | <input type="checkbox"/> Delete |
| NAME           | H. Lynn Massingale, M.D.                   |                                 |
| STREET ADDRESS | 1900 Winston Road, #300                    |                                 |
| CITY-ST-ZIP    | Knoxville, TN 37919                        |                                 |
| TITLE          | President                                  | <input type="checkbox"/> Delete |
| NAME           | James V. Hillman, M.D.                     |                                 |
| STREET ADDRESS | 320 W. Kennedy Boulevard, Suite 700        |                                 |
| CITY-ST-ZIP    | Tampa, FL 33606                            |                                 |
| TITLE          | Vice President/Secretary/Director          | <input type="checkbox"/> Delete |
| NAME           | Michael Hatcher                            |                                 |
| STREET ADDRESS | 1900 Winston Road, Suite 300               |                                 |
| CITY-ST-ZIP    | Knoxville, TN 37919                        |                                 |
| TITLE          | Vice President/Assistant Secretary         | <input type="checkbox"/> Delete |
| NAME           | Stephen Sherlin                            |                                 |
| STREET ADDRESS | 1900 Winston Road, Suite 300               |                                 |
| CITY-ST-ZIP    | Knoxville, TN 37919                        |                                 |
| TITLE          | Vice President/Treasurer                   | <input type="checkbox"/> Delete |
| NAME           | David Jones                                |                                 |
| STREET ADDRESS | 1900 Winston Road, Suite 300               |                                 |
| CITY-ST-ZIP    | Knoxville, TN 37919                        |                                 |
| TITLE          | Vice President-Legal Affairs and Secretary | <input type="checkbox"/> Delete |
| NAME           | Robert C. Joyner                           |                                 |
| STREET ADDRESS | 1900 Winston Road, Suite 300               |                                 |
| CITY-ST-ZIP    | Knoxville, TN 37919                        |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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:

*James V. Hillman*, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00

Date

(813) 229-2300

Daytime Phone #

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90009 027 \*\*\*550.00

A9072647

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)