

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068044

FILED
Apr 11, 2012
Secretary of State

Entity Name: FLORIDA HOSPITAL MEDICINE SERVICES, INC.

Current Principal Place of Business:

14050 NW 14TH STREET, SUITE 190
FT LAUDERDALE, FL 33323

New Principal Place of Business:

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL
KNOXVILLE, TN 37919

New Mailing Address:

FEI Number: 20-4864532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
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

OFFICERS AND DIRECTORS:

Title: D
Name: GUNDERSEN, JASEN MD
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

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

Title: TVP
Name: JONES, DAVID
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

04/11/2012

Electronic Signature of Signing Officer or Director

Date