

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91188 020 ***150.00

DOCUMENT # 294000065250
 1. Entity Name **SENTINEL MEDICAL SERVICES, INC.**

Principal Place of Business Mailing Address

C0070231

2. Principal Place of Business **320 West Kennedy**
 Suite, Apt. #, etc. **Suite 700**
 City & State **Tampa, FL 33606**
 Zip **33606** Country **USA**

3. Mailing Address **320 West Kennedy**
 Suite, Apt. #, etc. **Suite 700**
 City & State **Tampa, FL 33606**
 Zip **33606** Country **USA**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ 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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME	See Attached Rider "A" <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
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TITLE NAME	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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: John R. Stair, Assistant Secretary 5/1/01
Signature and typed or printed name of signing officer or director Date

Attachment Dec # PA4000045250

Attachment "A"

C0070231

Sentinel Medical Services, Inc.

Officers/Directors

Directors	H. Lynn Massingale, M.D., 1900 Winston Rd., Suite 300, Knoxville, TN 37919 Michael Hatcher, 1900 Winston Rd., Suite 300, Knoxville, TN 37919
Officers	President – James V. Hillman, M.D., 320 W. Kennedy, Suite 700, Tampa, FL 33606 Vice President – H. Lynn Massingale, M.D., 1900 Winston Rd., Suite 300, Knoxville, TN 37919 Vice President – Edward M. Schlein, M.D., 320 W. Kennedy, Suite 700, Tampa, FL 33606 Vice President-Legal Affairs & Assistant Secretary - Robert Joyner, Esq., 1900 Winston Rd., Suite 300, Knoxville, TN 37919 Vice President & Secretary – Michael Hatcher, 1900 Winston Rd., Suite 300, Knoxville, TN 37919 Vice President & Assistant Secretary – Stephen Sherlin, 1900 Winston Rd., Suite 300, Knoxville, TN 37919 Vice President & Treasurer – David Jones, 1900 Winston Rd., Suite 300, Knoxville, TN 37919 Assistant Secretary – John R. Stair, 1900 Winston Rd., Suite 300, Knoxville, TN 37919