

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 91188 020 \*\*\*150.00

00070231

DO NOT WRITE IN THIS SPACE

DOCUMENT # **294000065250**

1. Entity Name **SENTINEL MEDICAL SERVICES, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business **320 West Kennedy**  
 Suite, Apt. #, etc. **Suite 700**

3. Mailing Address **320 West Kennedy**  
 Suite, Apt. #, etc. **Suite 700**

City & State **Tampa, FL 33606**

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4. FEI Number Applied For  
 Not Applicable

Zip **33606** Country **USA**

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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

**Corporation Service Company**  
**1201 Hays Street**  
**Tallahassee, FL 32301**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Rider "A" <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

CR2E034 (11/00)

Attachment Doc # P94000015250

Attachment "A"

C0070231

Sentinel Medical Services, Inc.

Officers/Directors

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