

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90134 032 \*\*\*150.00

**DOCUMENT # P95000091228**

Entity Name  
**NPHYNET HOSPITAL SERVICES, INC.**

Principal Place of Business

**900 WINSTON RD  
 KNOXVILLE TN 37919  
 US**

Mailing Address

**PO BOX 30698  
 KNOXVILLE TN 37919  
 US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0622855**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 2002 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **PRINCIPE, NEIL**  
 CITY-ST-ZIP **14050 14TH ST STE 190  
 FORT LAUDERDALE FL 33323**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VSD**  
 STREET ADDRESS **HATCHER, MICHAEL**  
 CITY-ST-ZIP **1900 WINSTON RD  
 KNOXVILLE TN 37919**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **MASSINGALE, H. LYNN M.D.**  
 CITY-ST-ZIP **1900 WINSTON RD  
 KNOXVILLE TX 37919**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VT**  
 STREET ADDRESS **JONES, DAVID**  
 CITY-ST-ZIP **1900 WINSTON RD  
 KNOXVILLE TN 37919**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VAS**  
 STREET ADDRESS **SHERLIN, STEPHEN**  
 CITY-ST-ZIP **1900 WINSTON RD  
 KNOXVILLE TN 37919**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **AS**  
 STREET ADDRESS **STAIR, JOHN R**  
 CITY-ST-ZIP **1900 WINSTON RD  
 KNOXVILLE TN 37919**

TITLE ☐ Change ☒ Addition  
 NAME **Carole Belmar - AT**  
 STREET ADDRESS **1900 Winston Rd., Suite 300**  
 CITY-ST-ZIP **Knoxville, Tennessee 37919**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/02**

Date

**(865) 293-5665**

Daytime Phone #

CR2E034 (9/01)