2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P95000095481 Entity Name NPHYNET MEDICAL MANAGEMENT INSTITUTE, INC. | | | | | Secretary of State 02-20-2002 90134 029 ***150.00 | | | |
|--|---|--|--|-------------------|---|------------------------|---------------------------|--|
| rincipal Place of Business 1900 WINSTON RD KNOXVILLE TN 37919 | | Mailing Address P.O. BOX 30698 KNOXVILLE TN 37919 | | | | | 18184 1181 1881 | |
| Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | 4. | FEI Number 65-0652251 | | plied For t Applicable | |
| Zìp | Country | Zìp | Country | 5. | Certificate of Status Desired [| \$8.75 Add | litional | |
| : | 6. Name and Address of Current Re | gistered Agent | | 7. | Name and Address of New Regis | stered Agent | | |
| CORPOR | ATION SERVICE COMPANY | | Name | | | | | |
| | S STREET | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| TALLAHASSEE FL 32301-2525 | | | City | FL Zip Code | | | | |
| IGNATURE This corporate of the corporat | signature, typed or printed name of registered agent and coration is eligible to satisfy its Intanglible requirement and elects to do so. | title if applicable. (NOTE | Registered Agent signat | ure required when | | DATE | 0 May Be to Fees | |
| 1. | OFFICERS AND DI | | 12. | | | RS AND DIRECTORS | 3 IN 11 | |
| TLE AME TREET ADDRESS TY-ST-ZIP | P PRINCIPE, NEIL 1200 PINE ISLAND RD STE 600 PLANTATION FL 33324 | ☐ Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TLE Ame Treet address ITY-ST-ZIP | VD MASSINGALE, H L 1900 WINSTON RD STE 300 KNOXVILLE TN 37919 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition \ | |
| TLE AME TREET ADDRESS TY-ST-ZIP | VPS HATCHER, MICHAEL 1900 WINSTON RD STE 500 KNOXVILLE TN 37919 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TLE AME IREET ADDRESS TY-ST-ZIP | VPT JONES, DAVID 1900 WINSTON RD STE 300 KNOXVILLE TN 37919 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TLE AME IREET ADDRESS ITY-ST-ZIP | VPAS SHERLIN, STEPHEN 1900 WINSTON RD STE 300 KNOXVILLE TN 37919 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | ☐ Change | Addition | |
| TLE AME TREET ADDRESS TY-ST-ZIP | AS STAIR, JOHN R 1900 WINSTON RD KNOXVILLE TN 37919 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1900 \ | Belmar – AT Winston Rd., Suite 300 rille, Tennessee 37919 | ☐ Change | Addition | |
| indicated of the cor | certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow , or on an attachment with an address, wit | ue and accurate and that me ered to execute this report a | ıy signature shall h | ave the same | legal effect as if made under oath; | ; that I am an officer | or director | |

SIGNATURE: 🟒

SIGNATURE AND WED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(865))43.5665 Daytime Phone #