

Amended 2002 UBR

FILED

02 AUG 12 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000095710

1. Entity Name

Team Physicians of Florida, P.A.

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
9204 King Palm Drive3. Mailing Address
1900 Winston Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FloridaCity & State
Knoxville, Tennessee4. FEI Number
59-1237521Applied For
Not ApplicableZip
33619Country
USAZip
37919Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE****7. Name and Address of Current Registered Agent**Name
Prentice Hall Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL

Zip Code
32301

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) ☐January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President, Director
H. Lynn Massingale, M.D.
1900 Winston Rd., Knoxville, TN 37919TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
H. Lynn Massingale, M.D.
1900 Winston Rd., Knoxville, TN 37919TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
H. Lynn Massingale, M.D.
1900 Winston Rd., Knoxville, TN 37919TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
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NAME
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CITY - ST - ZIP
800007117318--
-08/14/02--01083--001
*****61.25 *****61.25TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Craig

8/7/02

Date

(863) 293-5665

Daytime Phone #

CR2E034B (12/01)

7/12/02