

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601937

Entity Name: FLORIDA EMERGENCY PHYSICIANS KANG & ASSOCIATES,
M.D., INC.**FILED**
Apr 12, 2022
Secretary of State
9709248491CC**Current Principal Place of Business:**500 WINDERLEY PL., STE 115
MAITLAND, FL 32751**Current Mailing Address:**265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919 US**FEI Number: 59-1281714****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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: MELISSA KOSTRZEWSKI****04/12/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR/PRESIDENT
Name CORVINI, MICHAEL MD
Address 265 BROOKVIEW CENTRE WAY
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VP
Name JONES, DAVID
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
ATTN: LEGAL DEPT.
City-State-Zip: KNOXVILLE TN 37919

Title ASSISTANT TREASURER
Name BARRACK, JOHN
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
ATTN: LEGAL DEPT.
City-State-Zip: KNOXVILLE TN 37919

Title VP
Name BROWN, SUSIE
Address 1643 NW 136TH AVE
BUILDING H, SUITE 100
City-State-Zip: SUNRISE FL 33323

Title VP, GENERAL COUNSEL
Name MCSWEEN, PHILIP
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
ATTN: LEGAL DEPT.
City-State-Zip: KNOXVILLE TN 37919

Title ASSISTANT SECRETARY
Name STAIR, JOHN R.
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
ATTN: LEGAL DEPT.
City-State-Zip: KNOXVILLE TN 37919

Title VP
Name EVANS, ROB
Address 265 BROOKVIEW CENTRE WAY
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VP/TREASURER
Name LEONE, ALICE
Address 5870 NORTH HIATUS ROAD, SUITE
200
City-State-Zip: TAMARAC FL 33321

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R STAIR**ASSISTANT SECRETARY 04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP
Name	PHILLIPS, TAMMIE
Address	1643 NW 136TH AVE BUILDING H, SUITE 100
City-State-Zip:	SUNRISE FL 33323