2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2023
Secretary of State
4082181068CC

DOCUMENT# 601937

Entity Name: FLORIDA EMERGENCY PHYSICIANS KANG & ASSOCIATES, M.D., INC.

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 04/12/2023

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

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

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

Title	TREASURER, SECRETARY
Name	LEONE, ALICE
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

Title	ASST. TREASURER
Name	OWENS, LARA
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

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 04/12/2023

Electronic Signature of Signing Officer/Director Detail — Date