

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000461

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**2181252076CC**

**Entity Name:** PHYSASSIST SCRIBES, INC.

**Current Principal Place of Business:**

6451 BRENTWOOD STAIR ROAD  
SUITE 100  
FORT WORTH, TX 76112

**Current Mailing Address:**

265 BROOKVIEW CENTRE WAY STE 400  
KONXVILLE, TN 37919

**FEI Number:** 75-2600478

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title DIRECTOR/PRESIDENT  
Name GEESBREGHT, ANDREW  
Address 6451 BRENTWOOD STAIR ROAD  
SUITE 100  
City-State-Zip: FORT WORTH TX 76112

Title VP, GENERAL COUNSEL &  
SECRETARY  
Name MCSWEEN, PHILIP  
Address 265 BROOKVIEW CENTRE WAY,  
SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

Title VICE PRESIDENT & TREASURER  
Name JONES, DAVID  
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  
City-State-Zip: KNOXVILLE TN 37919

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

Title ASSISTANT SECRETARY  
Name ALTEMOSE, AMBER  
Address 6451 BRENTWOOD STAIR ROAD  
SUITE 100  
City-State-Zip: FORT WORTH TX 76112

*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:** WIECHART , MICHAEL

**DENISE SPEER,**  
**ATTORNEY IN FACT**

**04/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date