

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000461

FILED
Apr 21, 2016
Secretary of State
CC4932646753

Entity Name: PHYSASSIST SCRIBES, INC.

Current Principal Place of Business:

6451 BRENTWOOD STAIR ROAD
SUITE 100
FORT WORTH, TX 76112

Current Mailing Address:

ATTN: LEGAL DEPARTMENT
265 BROOKVIEW CENTRE WAY SUITE 400
KNOXVILLE, TN 37919 US

FEI Number: 75-2600478

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HOLTZCLAW, MD, STEPHEN
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

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

Title PRESIDENT
Name GEESBREGHT, J. ALEXANDER
Address 6451 BRENTWOOD STAIR ROAD
SUITE 100
City-State-Zip: FORT WORTH TX 76112

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

Title VP, GENERAL COUNSEL &
SECRETARY
Name CLIFTON, STEVEN E
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 BELMAR, CAROLE
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 STAIR

ASSISTANT SECRETARY 04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date