

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005546

Entity Name: MID-ATLANTIC ER PHYSICIANS, INC.

Current Principal Place of Business:

265 BROOKVIEW CENTRE WAY, SUITE 400
KNOXVILLE, TN 37919

Current Mailing Address:

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

FEI Number: 45-1565524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CORVINI, MICHAEL MD
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VICE PRESIDENT/GENERAL
COUNSEL
Name MCSWEEN, PHILIP
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VICE PRESIDENT
Name JONES, DAVID
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VICE PRESIDENT/TREASURER
Name LEONE, ALICE
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 VP
Name EVANS, ROB
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
ATTN: LEGAL DEPT.
City-State-Zip: KNOXVILLE TN 37919

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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 STAPLETON, MATT
Address 265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip: KNOXVILLE TN 37919