

1.) CORPORATION NAME:

**SOUTHEASTERN EMERGENCY PHYSICIANS OF MEMPHIS, INC.**

DUE DATE: **8/31/2012**

SCC ID NO: **F1115908**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 2,000      |

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 265 BROOKVIEW CENTRE WAY  
STE 400

CITY/ST/ZIP: KNOXVILLE, TN 37919

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | RANDAL DABBS                                |                                   |
| TITLE:          | PRESIDENT                                   |                                   |
| ADDRESS:        | 265 BROOKVIEW CENTRE WAY<br>STE 400         |                                   |
| CITY/ST/ZIP/CO: | KNOXVILLE, TN 37919                         |                                   |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | GREG ROTH                                   |  |
| TITLE:          | VICE PRESIDENT                              |  |
| ADDRESS:        | 265 BROOKVIEW CENTRE WAY<br>STE 400         |  |
| CITY/ST/ZIP/CO: | KNOXVILLE, TN 37919                         |  |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | JOHN HELLMANN                               |                                   |
| TITLE:          | VICE PRESIDENT                              |                                   |
| ADDRESS:        | 265 BROOKVIEW CENTRE WAY<br>STE 400         |                                   |
| CITY/ST/ZIP/CO: | KNOXVILLE, TN 37919                         |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | DAVID JONES                                 |                                   |
| TITLE:          | VP/TREASURER                                |                                   |
| ADDRESS:        | 265 BROOKVIEW CENTRE WAY<br>STE 400         |                                   |
| CITY/ST/ZIP/CO: | KNOXVILLE, TN 37919                         |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | JOHN STAIR                                  |                                   |
| TITLE:          | ASST SECRETARY                              |                                   |
| ADDRESS:        | 265 BROOKVIEW CENTRE WAY<br>STE 400         |                                   |
| CITY/ST/ZIP/CO: | KNOXVILLE, TN 37919                         |                                   |

|                 |                          |   |                                   |
|-----------------|--------------------------|---|-----------------------------------|
| NAME:           | Carole Belmar            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | ASST TREASURER           |   |                                   |
| ADDRESS:        | 265 Brookview Centre Way |   |                                   |
|                 | Suite 400                |   |                                   |
| CITY/ST/ZIP/CO: | Knoxville, TN 37919      |   |                                   |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |           |
|---|----------------------------------|-----------|
| /s/ JOHN STAIR                                      | JOHN STAIR, ASST SECRETARY       | 7/11/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.