

1.) CORPORATION NAME:

SOUTHEASTERN EMERGENCY PHYSICIANS OF MEMPHIS, INC.

DUE DATE: **8/31/2013**

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

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 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 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 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 STE 400	
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CAROLE BELMAR	
TITLE:	ASST TREASURER	
ADDRESS:	265 BROOKVIEW CENTRE WAY SUITE 400	
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919	

NAME:	JOHN STAIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	265 BROOKVIEW CENTRE WAY		
	STE 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	8/27/2013
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.