

1.) CORPORATION NAME:

SOUTHEASTERN EMERGENCY PHYSICIANS, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

DUE DATE: **4/30/2011**

SCC ID NO: **F1248667**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

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.

NAME: RANDAL DABBS MD
TITLE: PRESIDENT
ADDRESS: 265 BROOKVIEW CENTRE WAY
STE 400
CITY/ST/ZIP/CO: KNOXVILLE, TN 32919-

OFFICER DIRECTOR

NAME: DAVID JONES
TITLE: VP/TREAS
ADDRESS: 265 BROOKVIEW CENTRE WAY
STE 400
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919-

OFFICER DIRECTOR

NAME: JOHN R STAIR
TITLE: ASST SECRETARY
ADDRESS: 265 BROOKVIEW CENTRE WAY
STE 400
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919-

OFFICER DIRECTOR

NAME: H LYNN MASSINGALE, MD
TITLE: DIRECTOR
ADDRESS: 265 BROOKVIEW CENTRE WAY
STE 400
CITY/ST/ZIP/CO: KNOXVILLE, TN 37919-

OFFICER DIRECTOR

	<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-	

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.

<u>/s/ JOHN R STAIR</u>	<u>JOHN R STAIR, ASST</u>	<u>4/12/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> 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.