

1.) CORPORATION NAME:

SOUTHEASTERN EMERGENCY PHYSICIANS, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1248667**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

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.

NAME:	ROGER BROOKSBANK, M.D.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	265 BROOKVIEW CENTRE WAY		
	STE 400		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 32919		

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

NAME:	DAVID JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	265 BROOKVIEW CENTRE WAY		
	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		

NAME:	ED HAMM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO & AT		
ADDRESS:	265 BROOKVIEW CENTRE WAY		
	SUITE 400		
CITY/ST/ZIP/CO:	KNOXVILLE3, TN 37919		

NAME: HEIDI S ALLEN TITLE: SECRETARY ADDRESS: 265 BROOKVIEW CENTRE WAY SUITE 400 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN R STAIR TITLE: ASST SECRETARY ADDRESS: 265 BROOKVIEW CENTRE WAY STE 400 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: OLIVER ROGERS TITLE: DIRECTOR ADDRESS: 265 BROOKVIEW CENTRE WAY STE 400 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL SNOW TITLE: DIRECTOR ADDRESS: 265 BROOKVIEW CENTRE WAY SUITE 400 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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 R STAIR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN R STAIR, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/2/2014 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.		