

1.) CORPORATION NAME:

ER Physician Associates, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 EAST MAIN STREET**

SCC ID NO: **F1890849**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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
SUITE 400, ATTN: LEGAL DEPT.

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	<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:	HEIDI S. ALLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC/GEN COUN		
ADDRESS:	265 BROOKVIEW CENTRE WAY		
	SUITE 400		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Oliver Rogers DIRECTOR 265 Brookview Centre Way, Suite 400 Knoxville, TN 37919	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Greg Roth DIRECTOR 265 Brookview Centre Way, Suite 400 Knoxville, TN 37919	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John R. Stair ASST SECRETARY 265 Brookview Centre Way, Suite 400 Knoxville, TN 37919	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carole Belmar ASST TREASURER 265 Brookview Centre Way, Suite 400 Knoxville, TN 37919	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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	John R.Stair,	3/13/2013
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.