

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214512351

1.) CORPORATION NAME:

**Mid-Atlantic ER Physicians, Inc.**

DUE DATE: **3/31/2014**

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**

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:	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:	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/ASST.TREAS.		
ADDRESS:	265 BROOKVIEW CENTRE WAY		
	SUITE 400		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

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
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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL SNOW DIRECTOR 265 BROOKVIEW CENTRE WAY, SUITE 400 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/ ROGER BROOKSBANK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROGER BROOKSBANK, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/6/2014 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.			