

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90050 019 \*\*\*150.00

**DOCUMENT # F00000002787**



1. Entity Name  
**DANIEL & YEAGER, INC.**

Principal Place of Business: **1900 WINSTON ROAD, SUITE 300 KNOXVILLE TN 37919**  
 Mailing Address: **1900 WINSTON ROAD, SUITE 300 KNOXVILLE TN 37919**

**44013082**



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>63-1009913</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				-City		<b>FL</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	Asst. Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DANIEL, JOHN			NAME	John Stair		
STREET ADDRESS	1900 WINSTON ROAD, SUITE 300			STREET ADDRESS	1900 Winston Rd.		
CITY-ST-ZIP	KNOXVILLE TN 37919			CITY-ST-ZIP	Knoxville, TN 37919		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASSINGALE, H. LYNN M.D.			NAME			
STREET ADDRESS	1900 WINSTON ROAD, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37919			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATCHER, MICHAEL			NAME			
STREET ADDRESS	1900 WINSTON ROAD, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37919			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, DAVID			NAME			
STREET ADDRESS	1900 WINSTON ROAD, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37919			CITY-ST-ZIP			
TITLE	VPLA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOYNER, ROBERT			NAME			
STREET ADDRESS	1900 WINSTON RD			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37919			CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHORLIN, STEPHEN			NAME			
STREET ADDRESS	1900 WINSTON RD			STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE TN 37919			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *John R. Stair* **2/19/04** **865-293-5665**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #