

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90071 043 \*\*\*150.00

**DOCUMENT # K54984**  
 1. Entity Name  
**INPHYNET JOLIET, INC.**

Principal Place of Business <b>1200 S. PINE ISLAND ROAD          SUITE 600          PLANTATION FL 33324          US</b>	Mailing Address <b>1200 S. PINE ISLAND ROAD          SUITE 600          PLANTATION FL 33324-4465          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>65-0086608</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT DICKERSON, JAMES H JR 300 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS FINLEY, SARA J 300 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MASSINGALE, H. LYNN M.D. 300 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT NEIL PRINCE, M.D. 1200 PINE ISLAND RD. STE 600 PLANTATION FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/DIRECTOR H. LYNN MASSINGALE, M.D. 1900 WINSTON RD. STE. 300 KNOXVILLE TN 37919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/SECRETARY/DIRECTOR MICHAEL HATCHER 1900 WINSTON RD. STE. 300 KNOXVILLE TN 37919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/ASST. SECRETARY STEPHEN SHERLIN 1900 WINSTON RD. STE 300 KNOXVILLE TN 37919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/TREASURER DAVID JONES 1900 WINSTON RD. STE 300 KNOXVILLE TN 37919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HATCHER Date: 02/25/00 Daytime Phone #: 965-693-1000

CR2E034 (9/99)