

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **P95000091524 (5)**

1. Corporation Name
INPHYNET MANAGED CARE CONTRACTING SERVICES, INC.



Principal Place of Business
**1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324**

Mailing Address
**1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
12/01/1995

3a. Date of Last Report

4. FEI Number
65-0622851

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
83 **Suite 250**
84 City, **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of officer or director) _____ (if officer or director) _____ (if not officer or director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREED, JERE D M.D.	12 NAME	Arostegui, Martin
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	13 STREET ADDRESS	1200 S. Pine Island, Suite 600
CITY-STATE-ZIP	PLANTATION FL 33324	14 CITY-STATE-ZIP	Plantation, FL 33324
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDEISS, J. CLIFFORD M.D.	22 NAME	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	23 STREET ADDRESS	
CITY-STATE-ZIP	PLANTATION FL 33324	24 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEARY, GEORGE W JR.	32 NAME	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	33 STREET ADDRESS	
CITY-STATE-ZIP	PLANTATION FL 33324	34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Blanford, Mary Ann
STREET ADDRESS		43 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600
CITY-STATE-ZIP		44 CITY-STATE-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	51 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Warlen, Neesa
STREET ADDRESS		53 STREET ADDRESS	1200 S. Pine Island Rd., Suite 600
CITY-STATE-ZIP		54 CITY-STATE-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	61 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Pobgee, Thomas K.
STREET ADDRESS		63 STREET ADDRESS	1200 S. Pine Island Rd. Suite 600
CITY-STATE-ZIP		64 CITY-STATE-ZIP	Plantation, Florida 33324

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Blanford **Mary Ann Blanford** 3/20/96 (954)475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)