

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33324-4460
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3. Date Incorporated or Qualified 12/01/1995	3a. Date of Last Report 04/02/1996
4. FEI Number 65-0822851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
SUITE 250
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	AROSTEGUI, MARTIN	
STREET ADDRESS	1200 S. PINE ISLAND, SUITE 600	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FINDEISS, J. CLIFFORD M.D.	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCLEARY, GEORGE W JR.	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S. PINE ISLAND, SUITE 600	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WARLEN, NEESA	
STREET ADDRESS	1200 S. PINE ISLAND, SUITE 600	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	POBSEE, THOMAS K	
STREET ADDRESS	1200 S. PINE ISLAND, SUITE 600	
CITY - ST - ZIP	PLANTATION FL 33324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD Chapman, Erie
5.3 STREET ADDRESS	1200 S. Pine Island Road, Suite 600
5.4 CITY - ST - ZIP	Plantation, FL 33324
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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) 2/3/97 (954) 475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)