

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

APPROVED
AND
FILED

98 MAY -4 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 3000 Galleria Tower
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Birmingham, AL
24 Country	29 Zip
25	30 USA

3. Date Incorporated or Qualified
12/01/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 checked="" type="checkbox"/> DELETE
NAME	AROSTEGUI, MARTIN
STREET ADDRESS	1200 S. PINE ISLAND, SUITE 600
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	PD <input checked="" 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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	BLANFORD, MARY ANN
STREET ADDRESS	1200 S. PINE ISLAND, SUITE 600
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, ERIC
STREET ADDRESS	1200 SO PINE ISLAND ROAD STE 600
CITY-ST-ZIP	PLANTATION FL
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	POBEE, 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	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	H. Lynn Massingale, MD
1.3 STREET ADDRESS	1900 Winston Road, Suite 300
1.4 CITY-ST-ZIP	Knoxville, TN 37919
2.1 TITLE	V/T/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter J. Clemens, IV
2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000
2.4 CITY-ST-ZIP	Birmingham, AL 35244
3.1 TITLE	V/S/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sara J. Finley
3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000
3.4 CITY-ST-ZIP	Birmingham, AL 35244
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Peter J. Clemens, IV* **Peter J. Clemens, IV**
VPA, Treasurer 4-24-98 205-733-8996

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 805020 4390339

AUTHORIZATION : *Patricia Pruitt*

COST LIMIT : \$ 550.0

ORDER DATE : May 4, 1998

ORDER TIME : 12:45 PM

ORDER NO. : 805020-010

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

800002509718--1

ANNUAL REPORT FILING

NAME: INPHYNET MANAGED CARE
CONTRACTING SERVICES, INC.

RECEIVED
98 MAY -4 PM 1:54
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS:

A. Alaw
5/4/98