

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90002 049 ***150.00

DOCUMENT # V28674

1. Entity Name

INPHYNET GULF COAST, INC.

Principal Place of Business

Mailing Address

1200 S. PINE ISLAND RD.
 SUITE 600
 PLANTATION FL 33324
 US

1200 S. PINE ISLAND RD.
 SUITE 600
 PLANTATION FL 33324-4465
 US

2. Principal Place of Business

14050 NW 14th STREET
 Suite, Apt. #, etc.
 190

3. Mailing Address

14050 NW 14th STREET
 Suite, Apt. #, etc.
 190



DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

4. FEI Number **65-0330404**

Applied For
 Not Applicable

Zip **33323** Country **US**

Zip **33323** Country **US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT DICKERSON, JAMES H JR 3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS FINLEY, SARA J 3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MASSINGALE, H. LYNN 3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 | <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 |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP NEIL PRINCE, M.D. 14050 NW 14th ST. STE. 190 FT. LAUDERDALE, FL 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DWP RICHARD SLEUMSKI 14050 NW 14th ST. STE. 190 FT. LAUDERDALE, FL 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASSI. SEC. TOM POBFFE 14050 NW 14th ST. STE. 190 FT. LAUDERDALE, FL 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input 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)(j), 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000
 Date

954-475-1300
 Daytime Phone #

C-1 (1/14/1999)