

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Mailing Address

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

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

4. FEI Number 65-0330404

Applied For
Not Applicable

Zip Country
33323 US

Zip Country
33323 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 DVT
NAME DICKERSON, JAMES H JR
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE DP
NAME NEIL PRINCE, M.D.
STREET ADDRESS 14050 NW 14th ST. STE. 190
CITY-ST-ZIP FT. LAUDERDALE, FL 33323 ☐ Change ☒ Addition

TITLE DVS
NAME FINLEY, SARA J
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE DWP
NAME RICHARD SLEUMSKI
STREET ADDRESS 14050 NW 14th ST. STE. 190
CITY-ST-ZIP FT. LAUDERDALE, FL 33323 ☐ Change ☒ Addition

TITLE P
NAME MASSINGALE, H. LYNN
STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE ASST. SEC.
NAME TOM POBFFE
STREET ADDRESS 14050 NW 14th ST. STE. 190
CITY-ST-ZIP FT. LAUDERDALE, FL 33323 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

4-26-2000 954-475-1300
Date Daytime Phone #

01/14/1999