

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0045630 AT

DOCUMENT # F01000000206

1. Entity Name
INPHACT, INC.



FILED

04 FEB -9 AM 9:20

61584100
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5141 VIRGINIA WAY
BRENTWOOD TN 37027

Mailing Address
5141 VIRGINIA WAY
BRENTWOOD TN 37027



REINSTATEMENT 03-04
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
62-1626316

Applied For
Not Applicable

Zip Country

Zip Country

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

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary R Adams
Signature, typed or printed name of registered agent and title if applicable.

MARY R. ADAMS
ASSISTANT SECRETARY
(NOTARY PUBLIC REQUIRED WHEN REINSTATING)

1/20/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LEHMAN, JONATHAN L
STREET ADDRESS 5141 VIRGINIA WAY
CITY-ST-ZIP BRENTWOOD TN 37027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600025695276
12/23/03--01002--028--**750.00 ☐ Change ☐ Addition

TITLE CFO
NAME STEWART, BARRY
STREET ADDRESS 5141 VIRGINIA WAY
CITY-ST-ZIP BRENTWOOD TN 37027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600025695276
02/10/04--01079--006--**150.00 ☐ Change ☐ Addition

TITLE COO
NAME BATES, LANCE
STREET ADDRESS 5141 VIRGINIA WAY
CITY-ST-ZIP BRENTWOOD TN 37027 ☐ Delete

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

TITLE CIO
NAME CANE, HELEN
STREET ADDRESS 5141 VIRGINIA WAY
CITY-ST-ZIP BRENTWOOD TN 37027 ☐ Delete

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

TITLE COB
NAME LANDMAN, JEFFERY A M.D.
STREET ADDRESS 5141 VIRGINIA WAY
CITY-ST-ZIP BRENTWOOD TN 37027 ☐ Delete

TITLE CMO
NAME Landman, Jeffery A., M.D.
STREET ADDRESS 5141 Virginia Way
CITY-ST-ZIP Brentwood, TN 37027 ☒ Change ☐ Addition

TITLE D
NAME HO, DENIS
STREET ADDRESS 5141 VIRGINIA WAY
CITY-ST-ZIP BRENTWOOD TN 37027 ☒ Delete

TITLE VP
NAME Whitlock, John
STREET ADDRESS 5141 Virginia Way
CITY-ST-ZIP Brentwood, TN 37027 ☐ Change ☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY STEWART May 15, 2003 615-843-2971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(10/02)