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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:16

DOCUMENT # F94000004726 (5)

1. Corporate Name
INPHYNET MEDICAL MANAGEMENT INC.

Principal Place of Business	Mailing Address
1200 SOUTH PINE ISLAND ROAD SUITE 600 FORT LAUDERDALE FL 33324-4460	1200 SOUTH PINE ISLAND ROAD SUITE 600 FORT LAUDERDALE FL 33324-4460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:
4. FEI Number: 65-0501896 (Applied For / Not Applicable)
5. Certificate of Status Desired: [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: 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 _____ DATE
(Required) (Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	CPD	[X] Change [ ] Addition
NAME	FINDEISS, CLIFFORD	12 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324-4460	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		[ ] Change [ ] Addition
NAME	NAGPAL, NARESH	22 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324-4460	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VSD	[X] Change [ ] Addition
NAME	MCCLEARY, GEORGE W JR.	32 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324-4460	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	VTD	[X] Change [ ] Addition
NAME	WEINSTEIN, VICTOR J	42 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324-4460	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		[ ] Change [ ] Addition
NAME	DEWEY, THOMAS E JR.	52 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324-4460	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		[ ] Change [ ] Addition
NAME	WEGMILLER, DONALD C	62 NAME		
STREET ADDRESS	608 SECOND AVE. S., STE. 370	63 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55402	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Clifford Findeiss 1-26-95 (305)475-1300
NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0233146 CP

INPHYNET MEDICAL MANAGEMENT INC.

Additional Officers and Directors:

Title:	Vice President/Director
Name:	Creed, Jere D.
Address:	1200 S. Pine Island Road, Suite 600
City-St-Zip:	Ft. Lauderdale, Florida 33324-4460

Title:	Vice President/Director
Name:	Badal, Joseph J.
Address:	1200 S. Pine Island Road, Suite 600
City-St-Zip:	Ft. Lauderdale, Florida 33324-4460

Title:	Vice President/Director
Name:	Arostegui, Martin
Address:	1200 S. Pine Island Road, Suite 600
City-St-Zip:	Ft. Lauderdale, Florida 33324-4460

Title:	Vice President/Director
Name:	Prado, Marta
Address:	1200 S. Pine Island Road
City-St-Zip:	Ft. Lauderdale, Florida 33324-4460

Title:	Vice President/Director
Name:	Principe, Neil J.
Address:	1200 S. Pine Island Road
City-St-Zip:	Ft. Lauderdale, Florida 33324-4460