FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # **F94000004726 (5)**

1. Corporation 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

3. Date Incorporated or Qualified: **09/13/1994**
3a. Date of Last Report: **02/20/1995**

4. FEI Number: **65-0501896** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ 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: 24 Country: 25	Zip: 29 Country: 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): **1200 South Pine Island Road**
83 **Suite 250**
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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FINDEISS, CLIFFORD		1.2 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	~~P~~ D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	NAGPAL, NARESH		2.2 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324-4460		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCLEARY, GEORGE W JR.		3.2 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEINSTEIN, VICTOR J		4.2 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEWEY, THOMAS E JR.		5.2 NAME		
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324-4460		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEGMILLER, DONALD C		6.2 NAME		
STREET ADDRESS	608 SECOND AVE. S., STE. 370		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN 55402		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, complete 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 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/28/96 **(954)475-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

George W. McCleary, Jr.