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Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000004726 (5)

1. Corporation Name  
INPHYNET MEDICAL MANAGEMENT INC.

Principal Place of Business  
1200 SOUTH PINE ISLAND ROAD  
SUITE 600  
FORT LAUDERDALE FL 33324-4480

Mailing Address  
1200 SOUTH PINE ISLAND ROAD  
SUITE 600  
FORT LAUDERDALE FL 33324-4480



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1994	3a. Date of Last Report 04/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0501896	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD SUITE 250 PLANTATION FL 33324		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	CPD	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D	<input checked="" type="checkbox"/> DELETE				2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	NAGPAL, NARESH					2.2 NAME	BLANFORD, MARY ANN				
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD					2.3 STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600				
CITY-ST-ZIP	FT. LAUDERDALE FL					2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL				
TITLE	VSD	<input type="checkbox"/> DELETE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 33324-4480					5.4 CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> DELETE				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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					

14. I do 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 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: *Mary Ann Blanford* MARY ANN BLANFORD 1/29/97 (954) 475-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)