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1

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAY -1 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004726 (5)

1. Corporation Name

INPHYNET MEDICAL MANAGEMENT INC.

Principal Place of Business

1200 SOUTH PINE ISLAND ROAD
SUITE 600
FORT LAUDERDALE FL 33324-4460

Mailing Address

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

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 3000 Galleria Tower

Suite, Apt. #, etc.

27 Suite 1000

City & State

28 Birmingham, AL

Zip

29 35244

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 250
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Nays Street

84 City

Tallahassee

FL

85 Zip Code

32301

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

Laura R. Dunlap

Laura R. Dunlap, as agent

4-30-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☒ DELETE

NAME FINDEISS, CLIFFORD
STREET ADDRESS 1200 SOUTH PINE ISLAND ROAD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE V ☒ DELETE

NAME BLANFORD, MARY ANN
STREET ADDRESS 1200 SO PINE ISLAND ROAD STE 600
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VSD ☒ DELETE

NAME MCCLEARY, GEORGE W JR.
STREET ADDRESS 1200 SOUTH PINE ISLAND ROAD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VTD ☒ DELETE

NAME WEINSTEIN, VICTOR J
STREET ADDRESS 1200 SOUTH PINE ISLAND ROAD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☒ DELETE

NAME DEWEY, THOMAS E JR.
STREET ADDRESS 1200 SOUTH PINE ISLAND ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33324-4460

TITLE D ☒ DELETE

NAME WEGMILLER, DONALD C
STREET ADDRESS 608 SECOND AVE. S., STE. 370
CITY-ST-ZIP MINNEAPOLIS MN 55402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/CEO ☐ Change ☒ Addition

1.2 NAME E. Mac Crawford
1.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
1.4 CITY-ST-ZIP Birmingham, AL 35244

2.1 TITLE V/T/D ☐ Change ☒ Addition

2.2 NAME Harold O. Knight, Jr.
2.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
2.4 CITY-ST-ZIP Birmingham, AL 35244

3.1 TITLE V/S/D ☐ Change ☒ Addition

3.2 NAME Tracy P Thrasher
3.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
3.4 CITY-ST-ZIP Birmingham, AL 35244

4.1 TITLE P ☐ Change ☒ Addition

4.2 NAME H. Lynn Massingale, MD
4.3 STREET ADDRESS 1900 Winston Road, Suite 300
4.4 CITY-ST-ZIP Knoxville, TN 37919

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

Tracy P. Thrasher
VP & Secretary

3-30-98 205-733-8996

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 1998

ORDER TIME : 10:24 AM

ORDER NO. : 802968

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

ANNUAL REPORT

NAME: INPHYNET MEDICAL MANAGEMENT
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Lynette Coleman

RECEIVED
98 MAY -1 AM 11:22
DIVISION OF CORPORATION

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