FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

APPROVED AND FILED
98 MAY -4 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000020 (6)

1. Corporation Name
MEDPARTNERS PHYSICIAN SERVICES, INC.

Principal Place of Business
2211 SANDERS RD
NORTHBROOK IL 60062
US

Mailing Address
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 36-3943883 — 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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORP SYSTEMS INC
1201 HAYS ST
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	AT	☒ DELETE
NAME	GORE, ANDREW M	
STREET ADDRESS	2211 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	CEOC	☒ DELETE
NAME	HOUSE, LARRY R	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VPTD	☒ DELETE
NAME	KNIGHT, HAROLD O JR	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	P	☒ DELETE
NAME	CONNELLY, JAMES G III	
STREET ADDRESS	2211 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	SD	☒ DELETE
NAME	THRASHER, TRACY P	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIMRINGHAM AL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	John J. Arlotta	
1.3 STREET ADDRESS	2211 Sanders Road	
1.4 CITY-ST-ZIP	Northbrook, IL 60062	
2.1 TITLE	V/T/D	☐ Change ☒ Addition
2.2 NAME	Peter J. Clemens, IV	
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	Sara J. Finley	
3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
3.4 CITY-ST-ZIP	Birmingham, AL 35244	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

O. Alar 5/4/98

14. 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 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: Peter J. Clemens, IV — Peter J. Clemens, IV

CR2E034 (10/97)

2

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 805020 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ ~~50.00~~

ORDER DATE : May 4, 1998

ORDER TIME : 12:46 PM

ORDER NO. : 805020-015

600002509716--7

CUSTOMER NO: 4390339

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

ANNUAL REPORT FILING

RECEIVED
98 MAY -4 PM 1:54
DIVISION OF CORPORATION

NAME: MEDPARTNERS PHYSICIAN SERVICES INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS: A. Alan 5/4/98