

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000000020

1. Entity Name
MEDPARTNERS PHYSICIAN SERVICES, INC.



Principal Place of Business
2211 SANDERS RD
NORTHBROOK, IL 60062 US

Mailing Address
211 COMMERCE STREET
8TH FLOOR
NASHVILLE, TN 37201 US

DO NOT WRITE IN THIS SPACE

FILED
06 JUN 23 PM 1:12
FINAL Report
SECRET
TALLAHASSEE
400078522474



06132006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3943883

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPD
KARRO, BRADLEY S
211 COMMERCE STREET, 8TH FLOOR
NASHVILLE, TN 37201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
FINELY, SARA J
211 COMMERCE STREET, 8TH FLOOR
NASHVILLE, TN 37201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MCLURE, HOWARD A
211 COMMERCE STREET, 8TH FLOOR
NASHVILLE, TN 37201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise Sommer
Asst Corp Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/13/06 615 743 6620



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 196990 7416132

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 550.00

ORDER DATE : June 21, 2006

ORDER TIME : 7:17 PM

ORDER NO. : 196990-080

CUSTOMER NO: 7416132

ANNUAL REPORT FILING

NAME: MEDPARTNERS PHYSICIAN SERVICES
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____

RECEIVED
06 JUN 23 AM 8:56
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA