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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -2 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0532299

DOCUMENT # **F96000000770**

1. Corporation Name
MEDPARTNERS, INC.

Principal Place of Business
3000 GALLERIA TOWER, SUITE 1000
BIRMINGHAM AL 35244

Mailing Address
3000 GALLERIA TOWER, SUITE 1000
BIRMINGHAM AL 35244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/15/1996

4. FEI Number
63-1151076
[ ] 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	[X] DELETE
NAME	HOUSE, LARRY R	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VP	[ ] DELETE
NAME	WEEKS, MARK S	
STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	CFOV	[X] DELETE
NAME	KNIGHT, HAROLD O JR	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VS	[X] DELETE
NAME	THRASHER, TRACY P	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	EVP	[ ] DELETE
NAME	DEANE, JOHN M	
STREET ADDRESS	3000 GALERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	PCOO	[X] DELETE
NAME	WAGAR, MARK L	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DCEOPC	[ ] Change [X] Addition
12 NAME	Edwin M. Crawford	
13 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
14 CITY-ST-ZIP	Birmingham, AL 35244	
21 TITLE	VPDCFO	[ ] Change [X] Addition
22 NAME	James H. Dickerson, Jr.	
23 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
24 CITY-ST-ZIP	Birmingham, AL 35244	
31 TITLE	SVP	[ ] Change [X] Addition
32 NAME	Sara J. Finley	
33 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
34 CITY-ST-ZIP	Birmingham. AL 35244	
41 TITLE	VP	[ ] Change [X] Addition
42 NAME	C. Clark Wingfield, Jr.	
43 STREET ADDRESS	3000 Galleria Tower, Suite 100	
44 CITY-ST-ZIP	Birmingham, AL 35244	
51 TITLE	VP	[ ] Change [X] Addition
52 NAME	Edward L. Hardin, Jr.	
53 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
54 CITY-ST-ZIP	Birmingham, AL 35244	
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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, with all other like empowered.

SIGNATURE: James H. Dickerson, JR. 4.1.99 205/733-3996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 192974 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : April 2, 1999

ORDER TIME : 3:03 PM

ORDER NO. : 192974-025

CUSTOMER NO: 4390339

CUSTOMER: Ms. Danielle Bayer
Medpartners, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

RECEIVED
99 APR -2 PM 3:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MEDPARTNERS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____