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

F9600006900 (2) DOCUMENT #

MEDPARTNERS ACQUISITION CORPORATION

FILED

98 JAN 20 PM 12: 35

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Principal Place of Business Mailing Address			S						
3000 GALLERIA TOWER. STE. 1000 BIRMINGHAM AL 35244			3000 GALLERIA TOWER. STE. 100 BIRMINGHAM AL 35244			DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 12/31/1996 			
2.	Principal Place of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		Applied For	
21		26	26			63-1144220	-1	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional ee Required		
23	City & State	City & State	├ ┐ ′			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
24	Zip Country 25	Z ip 29	1 ' 			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	g. Name and Address of C	urrent Registered Agent		L.,	10. Name and Address of New Registered Agent				
Tallahassee FL 32301					Name				
					82 Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City	FI	85	Zip Code	
11	Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent Lam familier with and accept the	State of Florida, Such char	nge was authorize	d by	the corporat	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	pointme	nt as registered	

agent. Tam familiar with, and accept the colligations 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			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	FICERS AND DIRECTORS IN 12								
TITLE	DVT	DELETE	1.1 TITLE	P ☐ Change	★ Addition								
NAME	KNIGHT, HAROLD O JR.		1.2 NAME	Wagar, Mark L.									
STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000		1.3 STREET ADDRESS	whom, Mark L. 5000 Airport Plaza									
CITY-ST-ZIP	BIRMINGHAM AL 35244		1.4 CHY-ST-ZIP	Long Beach, CA 90815									
TITLE	OP .	DELETE	2.1 TITLE	DC Change	☐ Addition								
NAME	HOUSE, LARRY R		2.2 NAME	House, Larry R. 3000 Galleria Tower, Ste 1000									
STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000		2.3 STREET ADDRESS										
CITY-ST-ZiP	BIRMINGHAM AL 35244		2. 4 CITY-ST-ZIP	Birmingham, AL 35244									
TITLE	DS	DELETE	3.1 1ITLE	DVS Change	Addition								
NAME	THRASHER, TRACY P		3.2 NAME	Thrasher, Tracy P.									
STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000		3.3 STREET ADDRESS	Thrasher, Tracy P. 3000 Galleria Tower Ste 1000 Birmingham, AL 35244									
CITY-ST-ZIP	BIRMINGHAM AL 35244		3.4. CITY - ST - ZIP	Birmingham, AL 35244									
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition								
NAME			4. 2 NAME										
STREET ADDRESS			4.3 STREET ADDRESS										
CITY-ST-ZIP			4.4 CITY - ST - ZIP										
TITLE		DELETE	5.1 TITLE	Change	Addition								
NAME			5.2 NAME	1/									
STREET ADDRESS			5.3 STREET ADDRESS	1/70									
CITY-ST-ZIP			5.4 C(TY-ST-ZIP	1/ 20									
TITLE		DELETE	6.1 TITLE	Change	Addition								
NAME			6.2 NAME										
STREET ADDRESS			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)(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.

Tracy P. Thrasher



ACCOUNT NO. : 0

072100000032

REFERENCE

674108

AUTHORIZATION

COST LIMIT

: \$ 150.00

ORDER DATE: January 19, 1998

ORDER TIME: 10:23 AM

ORDER NO. : 674108-010

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber

Medpartners, Inc. 3000 Riverchase

Galleria Tower / Ste. 1000

Birmingham, AL 35244

ANNUAL REPORT FILING

NAME:

MEDPARTNERS ACQUISITION

CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS: