

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90175 004 ***150.00

DOCUMENT #**1. Entity Name****InPhyNet Joliet, INC.****Principal Place of Business****Mailing Address****2. Principal Place of Business****1900 Winston Rd.****3. Mailing Address****P. O. Box 30698**

Suite, Apt. #, etc.

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City & State**City & State****Knoxville, TN****Knoxville, TN**

Zip

Zip

37919**37919**

Country

USA

Country

USA**4. FEI Number****65-0086608****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301****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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST- ZIP
See attached rider☐ Delete**TITLE**
NAME
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☐ Change ☐ Addition**TITLE**
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CITY-ST- ZIP
☐ Change ☐ Addition**13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Stair**4/18/01**

Date

(865) 293-5665

Daytime Phone #

CR2ED34 (11/00)

Attachment Doc # K54984

InPhyNet Joliet, Inc.

CL057416

Directors H. Lynn Massingale, M.D. , 1900 Winston Rd., Knoxville, TN 37919

Michael Hatcher, 1900 Winston Rd., Knoxville, TN 37919

Officers **President** – Neil Principe, M.D.

Vice President – H. Lynn Massingale, M.D., 1900 Winston Rd., Knoxville, TN 37919

Vice President-Legal Affairs &

Assistant Secretary- Robert Joyner, Esq., 1900 Winston Rd., Knoxville, TN 37919

Vice President & Secretary – Michael Hatcher, 1900 Winston Rd., Knoxville, TN 37919

Vice President & Assistant Secretary – Stephen Sherlin, 1900 Winston Rd., Knoxville, TN 37919

Vice President & Treasurer – David Jones, 1900 Winston Rd., Knoxville, TN 37919

Assistant Secretary – John R. Stair, 1900 Winston Rd., Knoxville, TN 37919