

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90175 005 ***150.00

DOCUMENT # K91187

1. Entity Name

InPhyNet Louisiana, 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.

Suite, Apt. #, etc.

City & State

Knoxville, TN

City & State

Knoxville, TN

Zip

Country

37919

USA

Zip

37919

Country

USA

4. FEI Number

65-0125286

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

Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

See attached rider

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ 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 P. Stair

Date

Daytime Phone #

4/18/01

(865) 293-5665

CR2E034 (11/00)

Attachment Doc # K91187

InPhyNet Louisiana, Inc.

C0057415

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., 14050 NW 14th St., Suite 190, Ft. Lauderdale, FL 33323

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