

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90292 049 ***150.00

DOCUMENT # L33475

Entity Name
INPHYNET WICHITA, INC.

Principal Place of Business
S. PINE ISLAND RD
600
PLANTATION FL 33324

Mailing Address
1200 S. PINE ISLAND RD
SUITE 600
PLANTATION FL 33324-4465
US

Principal Place of Business
1450 NW 14th St.
 Suite, Apt. #, etc.
190

3. Mailing Address
1450 NW 14th St.
 Suite, Apt. #, etc.
190

City & State
FT. LAUDERDALE, FL
 Zip
33323 Country
US

City & State
FT. LAUDERDALE, FL
 Zip
33323 Country
US

4. FEI Number **65-0158068** 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 STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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		
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	DICKERSON, JAMES H JR	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	FINLEY, SARA J	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MASSINGALE, H. LYNN	
STREET ADDRESS	3000 GALLERIA TOWER SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEIL PRINCIPLE, M.D.	
STREET ADDRESS	14050 NW 14th St. STE 190	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33323	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A.J. REED	
STREET ADDRESS	14050 NW 14th St. STE 190	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33323	
TITLE	ASST. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM BOBBEE	
STREET ADDRESS	14050 NW 14th St. STE 190	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date **4-26-2000** Daytime Phone # **954-475-1300**

CR2E034 (9/99)