

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 16 1996 8:00 am

Secretary of State

DOCUMENT # **P95000060629 (9)**

1. Corporation Name

INPHYNET MEDICAL MANAGEMENT OF OHIO INC.



Principal Place of Business

Mailing Address

**1200 SO. PINE ISLAND ROAD
STE 600
PLANTATION FL 33324**

**1200 SO. PINE ISLAND ROAD
STE 600
PLANTATION FL 33324**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

4. FEI Number

65-0607881

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

**1200 S. Pine Island Road
Suite 250**

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 block 11 applicable

(If U.S. Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FINDEISS, J C M.D.**
STREET ADDRESS **1200 SO. PINE ISLAND ROAD**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ DELETE
NAME **AROSTEQUI, MARTIN M.D.**
STREET ADDRESS **1200 SO. PINE ISLAND ROAD**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Arostegui, Martin M.D.**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **V/D** ☐ Change ☒ Addition
3.2 NAME **McCleary, George W. Jr.**
3.3 STREET ADDRESS **1200 S. Pine Island Road**
3.4 CITY-ST-ZIP **Plantation, Florida 33324**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **Blanford, Mary Ann**
4.3 STREET ADDRESS **1200 S. Pine Island Road**
4.4 CITY-ST-ZIP **Plantation, Florida 33324**

5.1 TITLE **Secretary** ☐ Change ☒ Addition
5.2 NAME **Peck, David**
5.3 STREET ADDRESS **1200 S. Pine Island Road**
5.4 CITY-ST-ZIP **Plantation, Florida 33324**

6.1 TITLE **Asst. Secretary** ☐ Change ☒ Addition
6.2 NAME **Warlen, Neesa K.**
6.3 STREET ADDRESS **1200 S. Pine Island Road**
6.4 CITY-ST-ZIP **Plantation, Florida 33324**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.034, 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.

SIGNATURE:

Mary Ann Blanford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Blanford

4/4/96

(954)475-1300

Date

Daytime Phone #

CR2E034 (12/95)