

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

DOCUMENT # P95000060629 (9)

1. Corporation Name
INPHYNET MEDICAL MANAGEMENT OF OHIO INC.

Principal Place of Business
1200 SO. PINE ISLAND ROAD
STE 600
PLANTATION FL 33324

Mailing Address
1200 SO. PINE ISLAND ROAD
STE 600
PLANTATION FL 33324

FILED

08 APR 29 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 3000 Galleria Tower

27 Suite, Apt. #, etc.

27 Suite 1000

28 City & State

28 Birmingham, AL

29 Zip Country

29 33244 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

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

TITLE V ☐ DELETE

NAME PRADO, MARTA
STREET ADDRESS 1200 SO PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL

TITLE VD ☒ DELETE

NAME MCCLEARY, GEORGE W JR
STREET ADDRESS 1200 S PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL 33324

TITLE Y ☒ DELETE

NAME BLANFORD, MARY ANN
STREET ADDRESS 1200 S PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL 33324

TITLE S ☒ DELETE

NAME PECK, DAVID
STREET ADDRESS 1200 S PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL 33324

TITLE AS ☒ DELETE

NAME POBGE, TOM
STREET ADDRESS 1200 SO PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO/P/D ☐ Change ☒ Addition

1.2 NAME E. Mac Crawford
1.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
1.4 CITY-ST-ZIP Birmingham, AL 35244

2.1 TITLE V/T/D ☐ Change ☒ Addition

2.2 NAME Harold O. Knight, Jr.
2.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
2.4 CITY-ST-ZIP Birmingham, AL 35244

3.1 TITLE V/S/D ☐ Change ☒ Addition

3.2 NAME Tracy P. Thrasher
3.3 STREET ADDRESS 3000 Galleria Tower, Suite 1000
3.4 CITY-ST-ZIP Birmingham, AL 35244

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 000002505380--2

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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.

SIGNATURE

Tracy P. Thrasher
VPA Secretary

4-15-98

205-
733-8996

CR2E034 (10/97)



2

ACCOUNT NO. : 072100000032

REFERENCE : 799025 4390339

AUTHORIZATION :

Patricia Pizzuti

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 1998

ORDER TIME : 9:37 AM

ORDER NO. : 799025-020

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: INPHYNET MEDICAL MANAGEMENT
OF OHIO, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____

RECEIVED
98 APR 29 PM 12:18
DIVISION OF CORPORATION