FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0522274

. PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -1 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000060629**

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
3000 GALLERIA TOWER., STE 1000
BIRMINGHAM AL 35244

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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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 Agents [illegible]) Date

12. OFFICERS AND DIRECTORS

TITLE	CEOD	[X] DELETE
NAME	CRAWFORD, MAC E	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VTD	[X] DELETE
NAME	KNIGHT, HAROLD O JR	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VSD	[X] DELETE
NAME	THRASHER, TRACY P	
STREET ADDRESS	3000 GALLERIA TOWER., STE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
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

11 TITLE	PD	[ ] Change [X] Add
12 NAME	LUIS MOSQUERA	
13 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
14 CITY-ST-ZIP	BIRMINGHAM, AL 32544	
21 TITLE	VSD	[ ] Change [X] Add
22 NAME	SARA J. FINLEY	
23 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
24 CITY-ST-ZIP	BIRMINGHAM, AL 32544	
31 TITLE	TO	[ ] Change [X] Add
32 NAME	LEISA KIZER	
33 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
34 CITY-ST-ZIP	BIRMINGHAM, AL 32544	
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Leisa S. Kizer — Leisa S. Kizer — 3/31/99 — 205/733-8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 190835 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : April 1, 1999

ORDER TIME : 3:44 PM

ORDER NO. : 190835-025

CUSTOMER NO: 4390339

CUSTOMER: Ms. Danielle Bayer
Medpartners, Inc.
3000 Galleria Tower
Suite 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: James Guy

EXAMINER'S INITIALS: _____