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Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000091222 (6)

1. Corporation Name  
INPHYNET GOVERNMENT SERVICES, INC.

Principal Place of Business  
1200 S. PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324

Mailing Address  
1200 S. PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324-4480



3. Date Incorporated or Qualified 11/30/1995	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0622856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD.  
SUITE 250  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	PRADO, MARTA	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FINDEISS, J. CLIFFORD M.D.	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCLEARY, GEORGE W JR.	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S PINE ISLAND RD., SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PECK, DAVID C.	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AS	XX DELETE
NAME	WARLEN, NEESA	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS Pobgee, Tom
6.3 STREET ADDRESS	1200 S. Pine Island Road, Suite 600
6.4 CITY-ST-ZIP	Plantation, FL 33324

14. I do 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: Mary Ann Blanford Mary Ann Blanford 1/24/97 (954) 475-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)