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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # P95000091228 (3)

1. Corporation Name

INPHYNET HOSPITAL 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

81 Name

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

1200 S. Pine Island Road

83 Suite 250

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 of Registered Agent (Print Name)

Signature of Officer or Director (Print Name)

Date

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

CREED, JERE D M.D.

STREET ADDRESS

1200 S. PINE ISLAND RD., SUITE 600
PLANTATION FL 33324

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

FINDEISS, J. CLIFFORD M.D.

STREET ADDRESS

1200 S. PINE ISLAND RD., SUITE 600
PLANTATION FL 33324

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

MCCLEARY, GEORGE W JR.

STREET ADDRESS

1200 S. PINE ISLAND RD., SUITE 600
PLANTATION FL 33324

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

V

☒ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

P/D

☒ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

V/D

☒ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

V

☐ Change ☒ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

V/T

☐ Change ☒ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

V

☐ Change ☒ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

V

☐ Change ☒ Addition

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Blanford 3/25/97 (954) 475-1300

CR2E034 (12/95)