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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 # 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 33324-460



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

04/12/1996

4. FEI Number

65-0622855

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

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD SUITE 250
SUITE 600
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

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 ☒ V ☐ DELETE

NAME CREED, JERE D M.D.
STREET ADDRESS 1200 S. PINE ISLAND RD., SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ PD ☐ DELETE

NAME FINDEISS, J. CLIFFORD M.D.
STREET ADDRESS 1200 S. PINE ISLAND RD., SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ VD ☐ DELETE

NAME MCCLEARY, GEORGE W JR.
STREET ADDRESS 1200 S. PINE ISLAND RD., SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ V ☐ DELETE

NAME PRINCIPE, NEIL J
STREET ADDRESS 1200 S PINE ISLAND RD SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ VT ☐ DELETE

NAME BLANFORD, MARY ANN
STREET ADDRESS 1200 S PINE ISLAND RD SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ V ☐ DELETE

NAME SCHWARTZ, RONALD
STREET ADDRESS 1200 S PINE ISLAND RD SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

Principe, Neil J.

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

Sather, Randall K.

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

2/3/97

(954) 475-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0213082

CR2E034 (9/96)