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

(1)

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 MAY -1 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091228 (3)

1. Corporation Name
INPHYNET HOSPITAL SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0622855	☐ Applied For ☐ Not Applicable
21	26 3000 Galleria Tower		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1000	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Birmingham, AL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 35244 / Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE	D/CEO	☐ Change ☒ Addition
NAME	CREED, JERE D M.D.		1.2 NAME	E. Mac Crawford	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600		1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	Birmingham, AL 35244	
TITLE	PD	☒ DELETE	2.1 TITLE	V/T/D	☐ Change ☒ Addition
NAME	FINDEISS, J. CLIFFORD M.D.		2.2 NAME	Harold O. Knight, Jr.	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600		2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-ST-ZIP	Birmingham, AL 35244	
TITLE	VD	☒ DELETE	3.1 TITLE	V/S/D	☐ Change ☒ Addition
NAME	MCCLEARY, GEORGE W JR.		3.2 NAME	Tracy P. Thrasher	
STREET ADDRESS	1200 S. PINE ISLAND RD., SUITE 600		3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
CITY-ST-ZIP	PLANTATION FL 33324		3.4 CITY-ST-ZIP	Birmingham, AL 35244	
TITLE	V	☒ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME	PRINCIPE, NEIL J		4.2 NAME	H. Lynn Massingale, MD	
STREET ADDRESS	1200 S PINE ISLAND RD SUITE 600		4.3 STREET ADDRESS	1900 Winston Rd, Suite 300	
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	VT	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLANFORD, MARY ANN		5.2 NAME		
STREET ADDRESS	1200 S PINE ISLAND RD SUITE 600		5.3 STREET ADDRESS	800002507859---4	
CITY-ST-ZIP	PLANTATION FL 33324		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	SATHER, RANDALL K		6.2 NAME		
STREET ADDRESS	1200 SO PINE ISLAND ROAD STE 600		6.3 STREET ADDRESS	5/1/98	
CITY-ST-ZIP	PLANTATION FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ VP& Secretary

(2)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : April 30, 1998

ORDER TIME : 9:22 AM

ORDER NO. : 802968-055

CUSTOMER NO: 4390339

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

ANNUAL REPORT FILING

NAME: INPHYNET HOSPITAL SERVICES, 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 MAY -1 AM 11:21
DIVISION OF CORPORATIONS