**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
1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

Mailing Address
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 — 21
2a. Mailing Address — 26: 3000 Galleria Tower
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: Suite 1000
City & State — 23
City & State — 28: Birmingham, AL
Zip — 24 | Country — 25
Zip — 29: 35244 | Country — 30: USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 | | 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 | |
| CITY-ST-ZIP | PLANTATION FL 33324 | 5.4 CITY-ST-ZIP | 800002507859--4 |
| 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 | |
| CITY-ST-ZIP | PLANTATION FL | 6.4 CITY-ST-ZIP | 5/1/98 |

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.

SIGNATURE VPO Secretary DATE

CR2E034 (10/97)

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

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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

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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 CORPORATION