

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091228

1. Corporation Name
INPHYNET HOSPITAL SERVICES, INC.

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

Mailing Address
3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244

FILED

99 JAN 25 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1995

4. FEI Number

65-0622855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1200 S. PINE ISLAND ROAD

Suite, Apt. #, etc.

27 SUITE 600

City & State

28 PLANTATION, FL

Zip

29 33324

Country

30

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

TITLE DCEO ☒ DELETE
NAME CRAWFORD, E. MAC
STREET ADDRESS 3000 GALLERIA TOWR, SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VTD ☒ DELETE
NAME KNIGHT, HAROLD O JR.
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VSD ☒ DELETE
NAME THRASHER, TRACY P
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE P ☐ DELETE
NAME MASSINGALE, H. LYNN M.D.
STREET ADDRESS 1900 WINSTON RD., SUITE 300
CITY-ST-ZIP KNOXVILLE TX 37919

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VTD ☐ Change ☒ Addition
2.2 NAME JAMES H. DICHERSON, JR.
2.3 STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
2.4 CITY-ST-ZIP BIRMINGHAM, AL 35244

3.1 TITLE VSD ☐ Change ☒ Addition
3.2 NAME SARA J. FINLEY
3.3 STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
3.4 CITY-ST-ZIP BIRMINGHAM, AL 35244

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME H. LYNN MASSINGALE M.D.
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
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. DICHERSON, JR.

Date

1/20/99

Daytime Phone #

(205) 733-8996

CR2E034 (11/98)

0522276



2

ACCOUNT NO. : 072100000032

REFERENCE : 110478 4390339

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizut

ORDER DATE : January 25, 1999

ORDER TIME : 11:58 AM

ORDER NO. : 110478-035

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson
Medpartners, Inc.
3000 Galleria Tower
Suite 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: Tamara Odom
DIVISION OF CORPORATION

EXAMINER'S INITIALS: _____

99 JAN 25 PM 1:40

RECEIVED