

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091228

1. Entity Name

INPHYNET HOSPITAL SERVICES, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 049 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

3000 GALLERIA TOWER
SUITE 1000
BIRMINGHAM AL 35244-2359

2. Principal Place of Business

3. Mailing Address

1200 S. PINE ISLAND RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 600

City & State

City & State

PLANTATION FL

Zip

Country

Zip

Country

33324

USA

4. FEI Number

65-0622855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD
NAME DICKERSON, JAMES H JR.
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE PRESIDENT
NAME NEIL PRINCIPLE, M.D.
STREET ADDRESS 1200 PINE ISLAND RD. STE. 600
CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☒ Addition

TITLE VSD
NAME FINLEY, SARA J
STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE VP/DIRECTOR
NAME H. LYNN MASSINGALE, M.D.
STREET ADDRESS 1900 WINSTON RD. STE. 300
CITY-ST-ZIP KNOXVILLE, TN 37919 ☐ Change ☒ Addition

TITLE PD
NAME MASSINGALE, H. LYNN M.D.
STREET ADDRESS 1900 WINSTON RD., SUITE 300
CITY-ST-ZIP KNOXVILLE TX 37919 ☒ Delete

TITLE VP/SECRETARY/DIRECTOR
NAME MICHAEL HATCHER
STREET ADDRESS 1900 WINSTON RD. STE. 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP/TREASURER
NAME DAVID JONES
STREET ADDRESS 1900 WINSTON RD. STE 300
CITY-ST-ZIP KNOXVILLE, TN 37919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP/ASST. SECRETARY
NAME STEPHEN SHERLIN
STREET ADDRESS 1900 WINSTON RD. STE. 300
CITY-ST-ZIP KNOXVILLE, TN 37919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Hatcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00
Date

865-693-1000
Daytime Phone #

CR2E034 (9/99)