

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90120 042 \*\*\*150.00

**DOCUMENT #** P950000 91228

1. Entity Name

InPhyNet Hospital Services, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1900 Winston Rd.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 30698

Suite, Apt. #, etc.

City & State

Knoxville, TN

Zip

37919

Country

USA

City & State

Knoxville, TN

Zip

37919

Country

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
See attached rider			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Stair

4/18/01

Date

(863) 293-5665

Daytime Phone #

CR2E034 (11/00)

Attachment Doc # P95060091228  
C0053159  
InPhyNet Hospital Services, Inc.

**Directors**

H. Lynn Massingale, M.D. , 1900 Winston Rd., Knoxville, TN 37919

Michael Hatcher , 1900 Winston Rd., Knoxville, TN 37919

**Officers**

**President – Neil J. Principe, M.D. , 14050 NW 14<sup>th</sup> St., Suite 190, Ft. Lauderdale, FL 33323**

**Vice President – H. Lynn Massingale, M.D. , 1900 Winston Rd., Knoxville, TN 37919**

**Vice President-Legal Affairs &**

**Assistant Secretary- Robert Joyner, Esq. , 1900 Winston Rd., Knoxville, TN 37919**

**Vice President & Secretary – Michael Hatcher , 1900 Winston Rd., Knoxville, TN 37919**

**Vice President & Assistant Secretary – Stephen Sherlin , 1900 Winston Rd., Knoxville, TN 37919**

**Vice President & Treasurer – David Jones , 1900 Winston Rd., Knoxville, TN 37919**

**Assistant Secretary – John R. Stair , 1900 Winston Rd., Knoxville, TN 37919**