

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2003 8:00 am  
Secretary of State

02-06-2003 90123 030 \*\*\*150.00

FORM 1.0

DOCUMENT # P95000091228

1. Entity Name  
INPHYNET HOSPITAL SERVICES, INC.



Principal Place of Business  
1900 WINSTON RD  
KNOXVILLE TN 37919  
US

Mailing Address  
PO BOX 30698  
KNOXVILLE TN 37919  
US

20024421



2. Principal Place of Business  
14050 NW 14th St.,

3. Mailing Address

Suite, Apt. #, etc.  
Suite 190

Suite, Apt. #, etc.

City & State  
Ft. Lauderdale FL

City & State

Zip  
33323

Country

Zip

Country

4. FEI Number 65-0622855

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
PRINCIPE, NEIL  
14050 14TH ST STE 190  
FORT LAUDERDALE FL 33323

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VSD  
HATCHER, MICHAEL  
1900 WINSTON RD  
KNOXVILLE TN 37919

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
MASSINGALE, H. LYNN M.D.  
1900 WINSTON RD  
KNOXVILLE TX 37919

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VT  
JONES, DAVID  
1900 WINSTON RD  
KNOXVILLE TN 37919

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VAS  
SHERLIN, STEPHEN  
1900 WINSTON RD  
KNOXVILLE TN 37919

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
STAIR, JOHN R  
1900 WINSTON RD  
KNOXVILLE TN 37919

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Stair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Stair - ASST. SEC.

Date

Daytime Phone #

1/31/03 (865) 297-5665

CR2E034 (10/02)