2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9500091233 Apr 26, 2001 8:00 am Secretary of State InPhyNet Contracting Services, Inc. 04-26-2001 90120 041 ***150.00 Principal Place of Business Mailing Address C0053160 2. Principal Place of Business 3. Mailing Address 1900 Winston Rd. P. O. Box 30698 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-6622862 Not Applicable Knoxville, TN Country <u>Knoxville</u> **\$8.75** Additional 5. Certificate of Status Desired : 37919 Fee Required 37919 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Tallahassee, FL 32301 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete TITLE See attached rider NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 endowered 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:

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 14th 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 - Thomas Pobgee, 14050 NW 14th St., Suite 190, Ft. Lauderdale, FL 33323

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