

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90050 015 ***150.00

DOCUMENT # P95000091233

1. Entity Name

INPHYNET CONTRACTING SERVICES, INC.



Principal Place of Business

14050 NW 14TH ST
SUITE 190
FORT LAUDERDALE FL 33323

Mailing Address

PO BOX 30698
KNOXVILLE TN 37919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0622862

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. 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, 2004 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 VSD ☐ Delete
NAME HATCHER, MICHAEL
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE *Asst Sec.* ☐ Change ☒ Addition
NAME *John Stair*
STREET ADDRESS *1900 Winston Rd.*
CITY-ST-ZIP *Knoxville TN 37919*

TITLE P ☐ Delete
NAME PRINCIPE, NEIL J MD
STREET ADDRESS 14050 NW 14TH ST SUITE 190
CITY-ST-ZIP FORT LAUDERDALE FL 33323

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

TITLE VD ☐ Delete
NAME MASSINGALE, H. LYNN MD
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

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

TITLE VS ☐ Delete
NAME JOYNER, ROBERT
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

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

TITLE VS ☐ Delete
NAME SHERLIN, STEPHEN
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

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

TITLE VT ☐ Delete
NAME JONES, DAVID
STREET ADDRESS 1900 WINSTON RD
CITY-ST-ZIP KNOXVILLE TN 37919

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Stair, Asst. Sec.

(865) 293-5665