

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90289 006 \*\*\*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

1st MOORE

CR2E034 (10/05)

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, MICHAEL	
STREET ADDRESS	1900 WINSTON RD	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	P	<input type="checkbox"/> Delete
NAME	PRINCIPE, NEIL J MD	
STREET ADDRESS	14050 NW 14TH ST SUITE 190	
CITY-ST-ZIP	FORT LAUDERDALE FL 33323	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MASSINGALE, H. LYNN MD	
STREET ADDRESS	1900 WINSTON RD	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JOYNER, ROBERT	
STREET ADDRESS	1900 WINSTON RD	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	SHERLIN, STEPHEN	
STREET ADDRESS	1900 WINSTON RD	
CITY-ST-ZIP	KNOXVILLE TN 37919	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JONES, DAVID	
STREET ADDRESS	1900 WINSTON RD	
CITY-ST-ZIP	KNOXVILLE TN 37919	

TITLE	Director, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graig Roth	
STREET ADDRESS	1900 Winston Rd,	
CITY-ST-ZIP	Knoxville TN 37919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4/11/06

Date

665-297-5665

Daytime Phone #