2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091233

Entity Name: INPHYNET CONTRACTING SERVICES, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
14050 NW 1 SUITE 190 FORT LAUI	I4TH ST DERDALE, FL	33323					
Current Mailing Address:				New Mailing Address:			
1900 WINSTON ROAD SUITE 506 KNOXVILLE, TN 37919			1900 WINSTON ROAD, SUITE 300 ATTN: LEGAL KNOXVILLE, TN 37919				
FEI Number: 6	55-0622862	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired (()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US							
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.							
SIGNATUR							
	Electronic	Signature of Registered Agen	t			Date	
Election Cam	paign Financing 1	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D ROTH, GREG 1900 WINSTON F KNOXVILLE, TN			Title: Name: Address: City-St-Zip:	()) Change () Addition	
Title: Name: Address: City-St-Zip:	P () D ROGERS, OLIVE 14050 NW 14TH : FORT LAUDERDA	ST SUITE 190		Title: Name: Address: City-St-Zip:	()) Change () Addition	
Title: Name: Address: City-St-Zip:	VD () D MASSINGALE, H. 1900 WINSTON F KNOXVILLE, TN	RD		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	CMO () D HOLTZCLAW, ST 14050 NW 14TH : FT. LAUDERDALE	EPHEN MD STREET, SUITE 190		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VT () D JONES, DAVID 1900 WINSTON F KNOXVILLE, TN			Title: Name: Address: City-St-Zip:	()) Change()Addition	
Title: Name: Address: City-St-Zip:	AS () D STAIR, JOHN R 1900 WINSTON F KNOXVILLE, TN			Title: Name: Address: City-St-Zip:	STAIR, JOHN	C) Change () Addition N ROAD, SUITE 300 N 37919	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STAIR AS 04/14/2009