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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091239 (0)

1. Corporation Name

INPHYNET MANAGED CARE, INC.



Principal Place of Business

1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

Mailing Address

1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324-4480

3. Date Incorporated or Qualified
11/30/1995

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0622858

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD SUITE 250
~~SUITE 600~~
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 250

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME AROSTEGUI, MARTIN
STREET ADDRESS 1200 S PINE ISLAND RD SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE PD ☐ DELETE

NAME FINDEISS, J. CLIFFORD M.D.
STREET ADDRESS 1200 S. PINE ISLAND RD., SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE VD ☐ DELETE

NAME MCCLEARY, GEORGE W JR.
STREET ADDRESS 1200 S. PINE ISLAND RD., SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE VT ☐ DELETE

NAME BLANFORD, MARY ANN
STREET ADDRESS 1200 S PINE ISLAND RD SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE V ☐ DELETE

NAME ELLWANGER, DAVID K
STREET ADDRESS 1200 S PINE ISLAND RD SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

TITLE S ☐ DELETE

NAME PECK, DAVID C
STREET ADDRESS 1200 S PINE ISLAND RD SUITE 600
CITY-ST-ZIP PLANTATION FL 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☒ Addition

1.2 NAME Chapman, Erie
1.3 STREET ADDRESS 1200 S. Pine Island Road, Suite 600
1.4 CITY-ST-ZIP Plantation, FL 33324

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ann Blanford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

(954) 475-1300

Daytime Phone #

CR2E034 (9/96)