**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 MAY -1 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1995

| | | | |
|---|---|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) 3000 Galleria Tower | 4. FEI Number 65-0622858 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) Suite 1000 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State (23) | City & State (28) Birmingham, AL | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip (24) / Country (25) | Zip (29) 35244 / Country (30) USA | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

**10. Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VD ☒ DELETE | 1.1 TITLE | P/D/CEO ☐ Change ☒ Addition |
| NAME | CHAPMAN, ERIE | 1.2 NAME | E. Mac Crawford |
| STREET ADDRESS | 1200 SO PINE ISLAND ROAD STE 600 | 1.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 |
| CITY-ST-ZIP | PLANTATION FL | 1.4 CITY-ST-ZIP | Birmingham, AL 35244 |
| TITLE | PD ☒ DELETE | 2.1 TITLE | V/T/D ☐ Change ☒ Addition |
| NAME | FINDEISS, J. CLIFFORD M.D. | 2.2 NAME | Harold O. Knight, Jr. |
| STREET ADDRESS | 1200 S. PINE ISLAND RD., SUITE 600 | 2.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 |
| CITY-ST-ZIP | PLANTATION FL 33324 | 2.4 CITY-ST-ZIP | Birmingham, AL 35244 |
| TITLE | VD ☒ DELETE | 3.1 TITLE | V/S/D ☐ Change ☒ Addition |
| NAME | MCCLEARY, GEORGE W JR. | 3.2 NAME | Tracy P. Thrasher |
| STREET ADDRESS | 1200 S. PINE ISLAND RD., SUITE 600 | 3.3 STREET ADDRESS | 3000 Galleria Tower, Suite 1000 |
| CITY-ST-ZIP | PLANTATION FL 33324 | 3.4 CITY-ST-ZIP | Birmingham, AL 35244 |
| TITLE | VT ☒ DELETE | 4.1 TITLE | SVP/COO ☐ Change ☒ Addition |
| NAME | BLANFORD, MARY ANN | 4.2 NAME | Marta Prado |
| STREET ADDRESS | 1200 S PINE ISLAND RD SUITE 600 | 4.3 STREET ADDRESS | 1200 S. Pine Island Rd, Ste 600 |
| CITY-ST-ZIP | PLANTATION FL 33324 | 4.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33324 |
| TITLE | V ☒ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | ELLWANGER, DAVID K | 5.2 NAME | |
| STREET ADDRESS | 1200 S PINE ISLAND RD SUITE 600 | 5.3 STREET ADDRESS | 600002507856--3 |
| CITY-ST-ZIP | PLANTATION FL 33324 | 5.4 CITY-ST-ZIP | |
| TITLE | S ☒ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | PECK, DAVID C | 6.2 NAME | |
| STREET ADDRESS | 1200 S PINE ISLAND RD SUITE 600 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33324 | 6.4 CITY-ST-ZIP | |

5/1/98

14. 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 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: Tracy P. Thrasher VP/Secretary 8-30-98 205-733-8996

CR2E034 (10/97)

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

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ORDER DATE : April 30, 1998

ORDER TIME : 9:22 AM

ORDER NO. : 802968-060

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

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ANNUAL REPORT FILING

NAME: INPHYNET MANAGED CARE, INC.

RECEIVED
98 MAY -1 AM 11:22
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____