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FILED

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 # P95000095481 (4)**

1. Corporation Name  
**INPHYNET MEDICAL MANAGEMENT INSTITUTE, INC.**



Principal Place of Business  
**1200 SOUTH PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324**

Mailing Address  
**1200 SOUTH PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324-4480**

3. Date Incorporated or Qualified  
**12/18/1995**

3a. Date of Last Report  
**04/22/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

4. FEI Number  
**APPLIED FOR 65-0652251**

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 SOUTH PINE ISLAND ROAD  
SUITE 250  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	CREED, JERE D M.D.	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	DELETE
NAME	FINDEISS, J. CLIFFORD M.D.	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	DELETE
NAME	MCCLEARY, GEORGE W JR.	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	DELETE
NAME	CHAPMAN, ERIE III	
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VT	DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	S	DELETE
NAME	PECK, DAVID	
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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* **Mary Ann Blanford** 1/29/97 (954) 475-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)