

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

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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 29 PM 3:01

DOCUMENT # P95000095481 (4)
1. Corporation Name
INPHYNET MEDICAL MANAGEMENT INSTITUTE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

3. Date Incorporated or Qualified: 12/18/1995
4. FEI Number: 65-0652251
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 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

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CREED, JERE D M.D.	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FINDEISS, J. CLIFFORD M.D.	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLEARY, GEORGE W JR.	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, ERIC III	
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BLANFORD, MARY ANN	
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	S	<input checked="" type="checkbox"/> 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	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. Mac Crawford	
1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
1.4 CITY-ST-ZIP	Birmingham, AL 35244	
2.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harold O. Knight, Jr.	
2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
2.4 CITY-ST-ZIP	Birmingham, AL 35244	
3.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tracy P. Thrasher	
3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000	
3.4 CITY-ST-ZIP	Birmingham, AL 35244	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	H. Lynn Massingale, MD	
4.3 STREET ADDRESS	1900 Winston Road, Suite 300	
4.4 CITY-ST-ZIP	Knoxville, TN 37919	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	100002505381--9	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 4-15-98 205-733-3996

CR2E034 (10/97)

(2)



ACCOUNT NO. : 072100000032
REFERENCE : 799025 4390339
AUTHORIZATION : Patricia Pizut
COST LIMIT : \$ 150.00

ORDER DATE : April 28, 1998
ORDER TIME : 9:36 AM
ORDER NO. : 799025-015
CUSTOMER NO: 4390339
CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: INPHYNET MEDICAL MANAGEMENT
INSTITUTE, INC.

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: _____

RECEIVED
98 APR 29 PM 12:18
DIVISION OF CORPORATION