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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1995

4. FEI Number

65-0652251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 3000 Galleria Tower

27 Suite, Apt. #, etc.

27 Suite 1000

28 City & State

28 Birmingham, AL

29 Zip

29 35244

30 Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 ☒ 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, ERIC 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 CEO/D ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition

5.2 NAME 100002505381--9

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 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

203-

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: _____

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DIVISION OF CORPORATION