

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095481

1. Entity Name

INPHYNET MEDICAL MANAGEMENT INSTITUTE, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 038 ***150.00

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 33324-4465

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0652251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD
NAME DICKERSON, JAMES H JR
STREET ADDRESS 3000 GALLERIA TOWER., STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE PRESIDENT
NAME NEIL PRINCIPLE, M.D.
STREET ADDRESS 1200 PINE ISLAND RD. STE 600
CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☒ Addition

TITLE VSD
NAME FINLEY, SARA J
STREET ADDRESS 3000 GALLERIA TOWER., STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE VP/DIRECTOR
NAME H. LYNN MASSINGALE, M.D.
STREET ADDRESS 1900 WINSTON RD. STE. 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE PD
NAME MASSINGALE, H. LYNN MD
STREET ADDRESS 1900 WINSTON ROAD., STE 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☒ Delete

TITLE VP/SECRETARY/DIRECTOR
NAME MICHAEL HATCHER
STREET ADDRESS 1900 WINSTON RD. STE 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP TREASURER
NAME DAVID JONES
STREET ADDRESS 1900 WINSTON RD. STE 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP ASST. SECRETARY
NAME STEPHEN SHERLIN
STREET ADDRESS 1900 WINSTON RD. STE 300
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HATCHER

2/25/00

Date

865-693-1000

Daytime Phone #

CR2E034 (9/99)