

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000095481**

1. Entity Name

InPhyNet Medical Management Institute, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1900 Winston Rd.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 30698

Suite, Apt. #, etc.

City & State

Knoxville, TN

City & State

Knoxville, TN

Zip

37919

Country

USA

Zip

37919

Country

USA

4. FEI Number

65-0652251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0057365

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

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, 2001 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
See attached rider

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

John R. Stair

4/18/01

Date

(865) 293-5665

Daytime Phone *

CR2E034 (11/00)

Attachment Doc# P95000095481

InPhyNet Medical Management Institute, Inc.

C 0057365

Directors

H. Lynn Massingale, M.D. , 1900 Winston Rd., Knoxville, TN 37919

Michael Hatcher, 1900 Winston Rd., Knoxville, TN 37919

Officers

President – Neil Principe, M.D., 14050 NW 14th St., Ft. Lauderdale, FL 3323

Vice President – H. Lynn Massingale, M.D., 1900 Winston Rd., Knoxville, TN 37919

Vice President-Legal Affairs &

Assistant Secretary – Robert Joyner, Esq., 1900 Winston Rd., Knoxville, TN 37919

Vice President & Secretary – Michael Hatcher, 1900 Winston Rd., Knoxville, TN 37919

Vice President & Assistant Secretary – Stephen Sherlin, 1900 Winston Rd., Knoxville, TN 37919

Vice President & Treasurer – David Jones, 1900 Winston Rd., Knoxville, TN 37919

Assistant Secretary – John R. Stair, 1900 Winston Rd., Knoxville, TN 37919