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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 # P96000016298 (7)
1. Corporation Name
INPHYNET MANAGED CARE OF SOUTH BROWARD, INC.



Principal Place of Business
1200 S. PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

Mailing Address
1200 S. PINE ISLAND ROAD
SUITE 800
PLANTATION FL 33324-4460

3. Date Incorporated or Qualified
02/21/1996

3a. Date of Last Report

4. FEI Number
65-0652253

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road, Suite 250
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	D	DELETE
NAME	CHAPMAN, ERIC	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	DELETE
NAME	MCCLEARY, GEORGE W JR.	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	DELETE
NAME	FINDEISS, J. CLIFFORD	
STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 600	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Creed, Jere D.	
4.3 STREET ADDRESS	1200 S. Pine Island Road, Suite 600	
4.4 CITY-ST-ZIP	Plantation, FL 33324	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Prado, Marta	
5.3 STREET ADDRESS	1200 S. Pine Island Road, Suite 600	
5.4 CITY-ST-ZIP	Plantation, FL 33324	
6.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Blanford, Mary Ann	
6.3 STREET ADDRESS	1200 S. Pine Island Road, Suite 600	
6.4 CITY-ST-ZIP	Plantation, FL 33324	

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 (954) 475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)