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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 MAY -1 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016298 (7)

1. Corporation Name

INPHYNET MANAGED CARE OF SOUTH BROWARD, INC.

Principal Place of Business

Mailing Address

1200 S. PINE ISLAND ROAD  
SUITE 600  
PLANTATION FL 33324

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SUITE 600  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1996

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 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 Country

24 25

2a. Mailing Address

26 3000 Galleria Tower

Suite, Apt. #, etc.

27 Suite 1000

City & State

28 Birmingham, AL

Zip Country

29 35244 30 USA

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 VD ☒ DELETE

NAME CHAPMAN, ERIE  
STREET ADDRESS 1200 S. PINE ISLAND ROAD, SUITE 600  
CITY-ST-ZIP PLANTATION FL

TITLE VD ☒ DELETE

NAME MCCLEARY, GEORGE W JR.  
STREET ADDRESS 1200 S. PINE ISLAND ROAD, SUITE 600  
CITY-ST-ZIP PLANTATION FL

TITLE PD ☒ DELETE

NAME FINDEISS, J. CLIFFORD  
STREET ADDRESS 1200 S. PINE ISLAND ROAD, SUITE 600  
CITY-ST-ZIP PLANTATION FL

TITLE V ☒ DELETE

NAME CREED, JERE E  
STREET ADDRESS 1200 SO PINE ISLAND ROAD STE 600  
CITY-ST-ZIP PLANTATION FL

TITLE V ☐ DELETE

NAME PRADO, MARTA  
STREET ADDRESS 1200 SO PINE ISLAND ROAD STE 600  
CITY-ST-ZIP PLANTATION FL

TITLE VT ☒ DELETE

NAME BLANFORD, MARY ANN  
STREET ADDRESS 1200 SO PINE ISLAND ROAD STE 600  
CITY-ST-ZIP PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D/CEO ☐ 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 600  
3.4 CITY-ST-ZIP Birmingham, AL 35244

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

700002507857--0

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

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  
VP & Secretary

3-30-98

305-733-8996

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION :

*Patricia Pizzuti*

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 1998

ORDER TIME : 9:23 AM

ORDER NO. : 802968-065

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber  
Medpartners, Inc.  
3000 Riverchase  
Galleria Tower / Ste. 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: INPHYNET MANAGED CARE OF  
SOUTH BROWARD, 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 MAY -1 AM 11:22  
DIVISION OF CORPORATION