

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097698

1. Entity Name

INPHYNET SOUTH BROWARD, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90035 045 ***150.00

Principal Place of Business

1200 SOUTH PINE ISLAND ROAD.. STE 600
FT. LAUDERDALE FL 33324

Mailing Address

1200 SOUTH PINE ISLAND ROAD.. STE 600
FT. LAUDERDALE FL 33324-4465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0726225

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 NAME STREET ADDRESS CITY-ST-ZIP | VTD DICKERSON, JAMES H JR 3000 GALLERIA TOWER., STE 1000 BIRMINGHAM AL 35244 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD FINLEY, SARA J. 3000 GALLERIA TOWER., STE 1000 BIRMINGHAM AL 35244 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MASSINGALE, H. LYNN 1900 WINSTON ROAD., STE 300 KNOXVILLE TN 37919 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT NEIL PRINCIPLE, M.D. 1200 PINE ISLAND RD. STE 600 FT. LAUDERDALE FL 33324 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | UP/DIRECTOR H. LYNN MASSINGALE, M.D. 1900 WINSTON RD. STE 300 KNOXVILLE TN 37919 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | UP/SECRETARY/DIRECTOR MICHAEL HATCHER 1900 WINSTON RD. STE 300 KNOXVILLE TN 37919 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | UP/TREASURER DAVID JONES 1900 WINSTON RD. STE 300 KNOXVILLE TN 37919 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | UP/ASST. SECRETARY STEPHEN STEKLIN 1900 WINSTON RD. STE 300 KNOXVILLE TN 37919 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

2/25/00

Daytime Phone #

865-693-1000

CR2E034 (9/99)