≈ 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am DOCUMENT # P9600097698 1. Entity Name Secretary of State InPhynet South Broward, Inc. 05-02-2001 90174 037 ***150.00 Principal Place of Business Mailing Address C0057364 2. Principal Place of Business 3. Mailing Address 1900 Winston Rd. P. O. Box 30698 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65 0726225 Not Applicable Knoxville, TN Knoxville, Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 37919 6. Name and Address of Current Registered Agent USA 7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Tallahassee, FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME See attached rider STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIT1 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exclude 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. To ha Stair 4/18/c, (865)343-5665 ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylore Phone # SIGNATURE:

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