


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 11, 2005 08:00 AM
Secretary of State
JAN 19 2005

DOCUMENT # P96000097698		
1. Entity Name INPHYNET SOUTH BROWARD, INC.		

Principal Place of Business 14050 NW 14TH ST STE 190 FORT LAUDERDALE FL 33323	Mailing Address P.O. BOX 30698 KNOXVILLE TN 37919
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0726225		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P PRINCE, NEIL M.D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14050 NW 14TH STREET	NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33323	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD MASSINGALE, H. LYNN M.D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 WINSTON RD -STE 300	NAME	
STREET ADDRESS	KNOXVILLE TN 32919	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VSD HATCHER, MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 WINSTON RD -STE 300	NAME	
STREET ADDRESS	KNOXVILLE TN 32919	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VT JONES, DAVID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 WINSTON RD -STE 300	NAME	
STREET ADDRESS	KNOXVILLE TN 32919	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VAS SHERLIN, STEPHEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 WINSTON RD -STE 300	NAME	
STREET ADDRESS	KNOXVILLE TN 32919	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPAS JOYNER, ROBERT ESQ. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 WINSTON ROAD	NAME	
STREET ADDRESS	KNOXVILLE TN 37919	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 865 293-5665
Daytime Phone 4