## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000097698

Entity Name: INPHYNET SOUTH BROWARD, INC.

FILED Jan 11, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
	14TH ST STE DERDALE, FL						
Current Mailing Address:				New Mailing Address:			
P.O. BOX 30698 KNOXVILLE, TN 37919				1900 WINSTON ROAD, SUITE 506 KNOXVILLE, TN 37919			
FEI Number: 65-0726225 FEI Number Applied For ( ) FEI Number			FEI Number	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
1201 HAYS	TION SERVIC STREET SEE, FL 3230						
The above in the State		ubmits this statement for the pu	rpose of ch	anging it	s registered off	fice or registered ag	ent, or both,
SIGNATUR	E:						
Electronic Signature of Registered Agent Date							
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () PRINCIPE, NEIL 14050 NW 14TH FORT LAUDERE	STREET			( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () MASSINGALE, H 1900 WINSTON KNOXVILLE, TN	RD -STE 300	Add	e: me: dress: y-St-Zip:	VD (X) MASSINGALE, H 1900 WINSTON KNOXVILLE, TN	RD, STE 506	
Title: Name: Address: City-St-Zip:	DVP ( ) ROTH, GREG 1900 WINSTON KNOXVILLE, TN		Add	e: me: dress: y-St-Zip:	DVP (X) ROTH, GREG 1900 WINSTON KNOXVILLE, TN		
Title: Name: Address: City-St-Zip:	VT () JONES, DAVID 1900 WINSTON KNOXVILLE, TN				VT (X) JONES, DAVID 1900 WINSTON KNOXVILLE, TN		
Title: Name: Address: City-St-Zip:	VPAS () JOYNER, ROBE 1900 WINSTON KNOXVILLE, TN	ROAD			JOYNER, ROBE	ROAD, SUITE 506	
Title: Name: Address: City-St-Zip:	( )	Delete			STAIR, JOHN	Change (X) Addition ROAD, SUITE 506 37919	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STAIR AS 01/11/2007