

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90002 049 \*\*\*150.00

**DOCUMENT # V28674**

1. Entity Name

**INPHYNET GULF COAST, INC.**

Principal Place of Business

Mailing Address

1200 S. PINE ISLAND RD.  
 SUITE 600  
 PLANTATION FL 33324  
 US

1200 S. PINE ISLAND RD.  
 SUITE 600  
 PLANTATION FL 33324-4465  
 US

2. Principal Place of Business

14050 NW 14<sup>th</sup> STREET  
 Suite, Apt. #, etc.  
 190

3. Mailing Address

14050 NW 14<sup>th</sup> STREET  
 Suite, Apt. #, etc.  
 190

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33323

Country

US

Zip

33323

Country

US

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

65-0330404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

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 DVT  
 NAME DICKERSON, JAMES H JR  
 STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000  
 CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE DP  
 NAME NEIL PRINCE, M.D.  
 STREET ADDRESS 14050 NW 14<sup>th</sup> ST. STE. 190  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33323 ☐ Change ☒ Addition

TITLE DVS  
 NAME FINLEY, SARA J  
 STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000  
 CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE DWP  
 NAME RICHARD SLEUMSKI  
 STREET ADDRESS 14050 NW 14<sup>th</sup> ST. STE. 190  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33323 ☐ Change ☒ Addition

TITLE P  
 NAME MASSINGALE, H. LYNN  
 STREET ADDRESS 3000 GALLERIA TOWER SUITE 1000  
 CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE ASST. SEC.  
 NAME TOM POBFFE  
 STREET ADDRESS 14050 NW 14<sup>th</sup> ST. STE. 190  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33323 ☐ Change ☒ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-2000 954-475-1300

01/14/1999