

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60243 (5)
1. Corporation Name
INPHYNET ADMINISTRATIVE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1200 S. PINE ISLAND RD. STE 600 FT. LAUDERDALE FL 33324 US		Mailing Address 1200 S. PINE ISLAND RD. STE 600 PLANTATION FL 33324 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		3. Date Incorporated or Qualified 08/26/1992 4. FEI Number 59-1547976 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
FL		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D/CEO
NAME	FINDEISS, J. CLIFFORD MD	1.2 NAME	E. Mac Crawford
STREET ADDRESS	1200 SOUTH PINE ISLAND RD., STE.600	1.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Birmingham, AL 35244
TITLE	VD	2.1 TITLE	V/T/D
NAME	ERIC CHAPMAN	2.2 NAME	Harold O. Knight, Jr.
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600	2.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Birmingham, AL 35244
TITLE	VD	3.1 TITLE	V/S/D
NAME	MCCLEARY, GEORGE W J	3.2 NAME	Tracy P. Thrasher
STREET ADDRESS	1200 S PINE ISLAND ROAD, SUITE 600	3.3 STREET ADDRESS	3000 Galleria Tower, Suite 1000
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Birmingham, AL 35244
TITLE	S	4.1 TITLE	P
NAME	PECK, DAVID C	4.2 NAME	M. Lynn Massingale
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, STE.600	4.3 STREET ADDRESS	1900 Winston Rd, Suite 300
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Knoxville, TN 37919
TITLE	AS	5.1 TITLE	
NAME	POBCEE, TOM	5.2 NAME	
STREET ADDRESS	1200 SO PINE ISLAND ROAD STE 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	
NAME	BLANFORD, MARY ANN	6.2 NAME	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, STE.600	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)



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ACCOUNT NO. : 072100000032

REFERENCE : 802968 4390339

AUTHORIZATION :

Patricia Pizuth

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 1998

ORDER TIME : 9:20 AM

ORDER NO. : 802968-045

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Riverchase
Galleria Tower / Ste. 1000
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: INPHYNET ADMINISTRATIVE
SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____

RECEIVED
98 MAY -1 AM 11:21
DIVISION OF CORPORATION