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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -2 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0522320

DOCUMENT # **V60243**

1. Corporation Name
INPHYNET ADMINISTRATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
1200 S. PINE ISLAND RD.	3000 GALLERIA TOWER
STE 600	SUITE 1000
FT. LAUDEDALE FL 33324	BIRMINGHAM AL 35244
US	US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc	Suite, Apt #, etc
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/1992

4. FEI Number
59-1547976 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	[X] DELETE
NAME	CRAWFORD, E. MAC	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VTD	[X] DELETE
NAME	KNIGHT, HAROLD O JR.	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	VSD	[X] DELETE
NAME	THRASHER, TRACY P	
STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	P	[X] DELETE
NAME	MASSINGALE, H. LYNN	
STREET ADDRESS	1900 WINSTON ROAD, SUITE 300	
CITY-ST-ZIP	KNOXVILLE TX 37919	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	[ ] Change [X] Add
12 NAME	JAMES H. DICKERSON, JR.	
13 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
14 CITY-ST-ZIP	BIRMINGHAM, AL 32544	
21 TITLE	CSO	[ ] Change [X] Add
22 NAME	SARA J. FINLEY	
23 STREET ADDRESS	3000 GALLERIA TOWER, SUITE 1000	
24 CITY-ST-ZIP	BIRMINGHAM, AL 32544	
31 TITLE		[ ] Change [ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

FLORIDA 32301-4

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: James H. Dickerson, Jr. 4.1.99 205/733-8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 192974 4390339

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : April 2, 1999

ORDER TIME : 3:0 PM

ORDER NO. : 192974-005

CUSTOMER NO: 4390339

CUSTOMER: Ms. Danielle Bayer
Medpartners, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

RECEIVED
99 APR -2 PM 3:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Janna Wilson

EXAMINER'S INITIALS: _____