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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V60243

1. Corporation Name INPHYNET ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

1200 S. PINE ISLAND RD. STE 600 FT. LAUDEDALE FL 33324 US

Mailing Address

3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 US

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

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

(NOTE: Register Tax is \$25.00 for each officer or director)

Date

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include DCEO CRAWFORD, E. MAC, VTD KNIGHT, HAROLD O. JR., VSD THRASHER, TRACY P, P MASSINGALE, H. LYNN.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include VP JAMES H. DICKERSON, JR., SSO SARA J. FINLEY.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Handwritten signature of James H. Dickerson, Jr.

James H. Dickerson, Jr. 1/1/99 205/733-8996

FILED

99 APR -2 PM 4: 14

STATE OF FLORIDA TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: 08/26/1992
4. FEI Number: 59-1547976
5. Certificate of Status Desired: [ ]
6. Election Campaign Financing/Trust Fund Contributions: [ ]
7. This corporation owes the current year Intangible Personal Property Tax: [ ] Yes [ ] No
10. Name and Address of New Registered Agent



(2)

ACCOUNT NO. : 072100000032

REFERENCE : 192974 4390339

AUTHORIZATION :

*Patricia Pujat*

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

DEPT. OF REVENUE  
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: \_\_\_\_\_