SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # F9700003879 (0)

PHYCOR OF FT. WALTON BEACH, INC.

## FILED Jul 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 30 BURTON HILLS BOULEVARD, SUITE 400 30 BURTON HILLS BOULEVARD. SUITE 400 NASHVILLE TN 37215 NASHVILLE TN 37215 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 62-1687092 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Crty & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NRAI SERVICES, INC. Name 526 E. PARK AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 City 85 Zip Code 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: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. POE0 TITLE 1.1 TITLE Change Addition DELETE HUTTS, JOSEPH C NAME 1,2 NAME 30 BURTON HILLS BOULEVARD, SUITE 400 STREET ADORESS 1.3 STREET ADDRESS NASHVILLE TN 37215 CITY-ST-ZIP 1.4 CITY-ST-ZIP DVAS TITLE 2.1 TITLE DELETE Change Addition w**r**ight, richard d NAME 2.2 NAME 30 BURTON HILLS BOULEVARD, SUITE 400 STREET ADDRESS 2.3 STREET ADDRESS NASHVILLE TN 37215 CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition DENT. THOMPSON S NAME 3.2 NAME 30 BURTON HILLS BOULEVARD, SUITE 400 STREET ADDRESS 3.3 STREET ADDRESS NASHVILLE TN 37215 CITY-ST-ZIP 3.4 CITY-ST-ZIP DVAS TITLE 4.1 TITLE DELETE Change Addition r**ee**ves, derril w NAME 4.2 NAME 30 BURTON HILLS BOULEVARD, SUITE 400 STREET ADDRESS 4.3 STREET ADDRESS NASHVILLE TN 37215 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE \_\_\_ DELETE Change Addition aďams, steven r NAMÉ 5.2 NAME 30 BURTON HILLS BOULEVARD, SUITE 400 STREET ADDRESS 5.3 STREET ADDRESS NASHVILLE TN 37215 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition FOREHAND, N. C NAME 6.2 NAME **30 BURTON HILLS BOULEVARD, SUITE 400** STREET ADDRESS 6.3 STREET ADDRESS NASHVILLE TN 37215 CITY-ST-ZIP 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.

1, 0,

SIGNATURE: W

Ni Carolyn Forehand, VP, 7-8-98

645-783

CR2E034 (5/98)