

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90012 002 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000003879

1. Corporation Name
PHYCOR OF FT. WALTON BEACH, INC.

Principal Place of Business
**30 BURTON HILLS BOULEVARD, SUITE 400
NASHVILLE TN 37215**

Mailing Address
**30 BURTON HILLS BOULEVARD, SUITE 400
NASHVILLE TN 37215**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1997	
21		26		4. FEI Number 62-1687092	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25 USA	29	30 USA		

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
85	Zip Code

FL

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	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	CEO/AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTS, JOSEPH C	1.2 NAME	
STREET ADDRESS	30 BURTON HILLS BOULEVARD, SUITE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37215	1.4 CITY-ST-ZIP	
TITLE	DVAS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, RICHARD D	2.2 NAME	
STREET ADDRESS	30 BURTON HILLS BOULEVARD, SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37215	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	P/COO/AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, THOMPSON S	3.2 NAME	
STREET ADDRESS	30 BURTON HILLS BOULEVARD, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37215	3.4 CITY-ST-ZIP	
TITLE	DVAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, DERRIL W	4.2 NAME	
STREET ADDRESS	30 BURTON HILLS BOULEVARD, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37215	4.4 CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, STEVEN R	5.2 NAME	Monte. S. Frankenfield
STREET ADDRESS	30 BURTON HILLS BOULEVARD, SUITE 400	5.3 STREET ADDRESS	30 Burton Hills Boulevard, Suite 400
CITY-ST-ZIP	NASHVILLE TN 37215	5.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	VGC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREHAND, N. C	6.2 NAME	
STREET ADDRESS	30 BURTON HILLS BOULEVARD, SUITE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37215	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: Monte S. Frankenfield **REQUIRED** Vice President 7/8/99 (615) 665-9066

CR2E034 (5/99)

545 446-90012-2
F97000003879

July 7, 1999

Florida Department of State
Annual Reports Filings
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Document # F97000003879
PhyCor of Ft. Walton Beach, Inc.

Dear Processing Agent:

As instructed in a phone conversation today with your office, I am enclosing the 1999 Corporate Annual Report and regular filing fee of \$150.00 for PhyCor of Ft. Walton Beach, Inc. since I did not receive notice of this report for this pre-existing entity prior to the second notice.

PhyCor, Inc. did receive and complete reports earlier in the year for two new entities. However, due to the number of clinics that we manage, we are unable to have pre-knowledge of which annual reports are due at what time without notification. Therefore, please accept the enclosed report and filing fee.

Please call me if you have questions or need further clarification at (615) 665-8164.

Sincerely,

Marlene K Bartikoski

Marlene K. Bartikoski
Tax Analyst

Mkb

Enclosure

D 95 446-90012-2
F 97000003879

PHYCOR OF FORT WALTON BEACH, INC.

Directors:

Thompson S. Dent
Joseph C. Hutts
Derril W. Reeves

Officers:

Joseph C. Hutts	Chairman of the Board, Chief Executive Officer and Assistant Secretary
Derril W. Reeves	Vice Chairman, Executive Vice President and Assistant Secretary
Thompson S. Dent	President, Chief Operating Officer and Assistant Secretary
John K. Crawford	Executive Vice President, Chief Financial Officer and Assistant Secretary
Monte S. Frankenfield	Vice President and Assistant Secretary
N. Carolyn Forehand	Vice President, General Counsel and Secretary
Oliver V. Rogers	Senior Vice President, Operations and Assistant Secretary
Billy King	Vice President, Operations and Assistant Secretary
James H. Brooks	Executive Director, Vice President and Assistant Secretary
Brandon Dyson	Vice President and Assistant Secretary
Jon M. Sundock	Vice President and Assistant Secretary
R. Douglas Mefford	Assistant Secretary

The business address for the above officers and directors is:

**30 Burton Hills Boulevard, Suite 400
Nashville, Tennessee 37215**