

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
1998



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

DOCUMENT # **F97000005455 (7)**
1. Corporation Name

PHYCOR OF PENSACOLA, INC.

Principal Place of Business

**30 BURTON HILLS BLVD.
NASHVILLE TN 37215**

Mailing Address

**30 BURTON HILLS BLVD.
NASHVILLE TN 37215**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

APPLIED FOR 62-1713346

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
528 E. PARK AVE.
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DOEO
HUTTS, JOSEPH C**
STREET ADDRESS **30 BURTON HILLS BLVD.**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE ☐ DELETE

NAME **VDAS
WRIGHT, RICHARD D**
STREET ADDRESS **30 BURTON HILLS BLVD.**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE ☐ DELETE

NAME **DVS
DENT, THOMPSON S**
STREET ADDRESS **30 BURTON HILLS BLVD.**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE ☐ DELETE

NAME **DVAS
REEVES, DERRIL W**
STREET ADDRESS **30 BURTON HILLS BLVD.**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE ☐ DELETE

NAME **VAS
ADAMS, STEVEN R**
STREET ADDRESS **30 BURTON HILLS BLVD.**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE ☐ DELETE

NAME **VAS
FOREHAND, N. CAROLYN**
STREET ADDRESS **30 BURTON HILLS BLVD.**
CITY-ST-ZIP **NASHVILLE TN 37215**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: **N. Carolyn Forehand, VP. 7-8-98 615/645-7833**

FILED
Jul 16 1998 8:00am
Secretary of State



CR2E034 (5/98)