

ACCOUNT NO. : 072100000032

REFERENCE: 045651 5021646

AUTHORIZATION

COST LIMIT

ORDER DATE: November 30, 1998

ORDER TIME :

3:47 PM

ORDER NO. : 045651-270

CUSTOMER NO: 5021646

CUSTOMER:

Ms. Sharon H. Crawford 200002701112--9

Phycor, Inc.

30 Burton Hills Blvd.

Ste. 400

Nashville, TN 37215

CHANGE OF AGENT

NAME: PHYCOR OF PENSACOLA, INC.

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson



Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0.		•
	poration organized under the laws of the		
	wing statement in order to change its re	egistered office or re	gistered agent, or both, in the
State of Florida.		<u>.</u> .	
1. The name of	he corporation is:		
PHYCOR OF	PENSACOLA, INC.		
2. The mailing a	ddress of the corporation is:		
3. Date of incorp	oration/qualification: October 16, 1	997 Document n	umber: F97000005455
4. The name and	address of the current registered agent a	nd office:	
<u> 1</u>	NRAI SERVICES, INC.	<u> </u>	
<u>.</u>	526 EAST PARK AVENUE		do % 1
-	TALLAHASSEE, FL 32301		ECRE DEC
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)			
-	Corporation Service Company		— Rog Z
<u> </u>	1201 Hays Street		- F. S. F.
<u>.</u>	fallahassee, FL 32301		THE TO
The street addreagent, as change	ess of its registered office and the stree ed, will be identical.	t address of the busi	iness office of its registered
Such change wa authorized by th	as authorized by resolution duly adopte ne board.	ed by its board of di	rectors or by an officer so
		-	11-10-98
(Signature o	of an officer, chairman or vice chairman of the boar	d)	(Date)
N. CAROLYN FORE	HAND, Vice President		
•	(Printed or typed name and title)		(Date)
corporation, I h I further agree t performance of registered agen		tered agent and agr tutes relative to the	ee to act in this capacity. proper and complete
	ervice Company AM B	1/2/21	12/1/98
(S	ignature of Registered Agent)	(Date)
If signing on behal	f of an entity:		
KAREN B. ROZAR		Assistar	nt Vice President
	Typed or Printed Name)		(Capacity)