

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90066 021 ***150.00

DOCUMENT # F97000005455

1. Entity Name

PHYCOR OF PENSACOLA, INC.

00010100



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 30 BURTON HILLS BLVD. SUITE 400 NASHVILLE TN 37215 US | Mailing Address 30 BURTON HILLS BLVD. SUITE 400 NASHVILLE TN 37215-6140 US |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 62-1713346 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

11. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO HUTTS, JOSEPH C 30 BURTON HILLS BLVD. NASHVILLE TN 37215 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VOAS KING, BILLY 30 BURTON HILLS BLVD, STE 400 NASHVILLE TN 37215 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PASO DENT, THOMPSON S 30 BURTON HILLS BLVD. NASHVILLE TN 37215 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS REEVES, DERRIL W 30 BURTON HILLS BLVD. NASHVILLE TN 37215 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS SUNDOCK, JON M 30 BURTON HILLS BLVD, STE 400 NASHVILLE TN 37215 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS FOREHAND, N. CAROLYN 30 BURTON HILLS BLVD. NASHVILLE TN 37215 <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

See attached list

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Monte S. Frankensfield* **Vice President** *4/4/00* *415-465-9066*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PHYCOR OF PENSACOLA, INC.

attach
COO 70759
HF97000005455

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

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

Jim Stolhanske 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**