

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

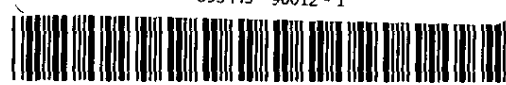
FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90012 001 ***150.00

DOCUMENT # **F98000002549**

1. Corporation Name

PHYCOR OF LAKE LAND, INC.



Principal Place of Business

**30 BURTON HILLS BLVD., STE. 400
NASHVILLE TN 37215**

Mailing Address

**30 BURTON HILLS BLVD., STE. 400
NASHVILLE TN 37215**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1998

4. FEI Number

APPLIED FOR 62-1740969

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

FL

85. Zip Code

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
CEO	HUTTS, JOSEPH C	30 BURTON HILLS BLVD., STE. 400 NASHVILLE TN 37215		<input type="checkbox"/>
DVS	WRIGHT, RICHARD D	30 BURTON HILLS BLVD., STE. 400 NASHVILLE TN 37215		<input checked="" type="checkbox"/>
DVS	DENT, THOMPSON S	30 BURTON HILLS BLVD., STE. 400 NASHVILLE TN 37215		<input type="checkbox"/>
DVS	REEVES, DERRIL W	30 BURTON HILLS BLVD., STE. 400 NASHVILLE TN 37215		<input type="checkbox"/>
VAS	ADAMS, STEVEN R	30 BURTON HILLS BLVD., STE. 400 NASHVILLE TN 37215		<input type="checkbox"/>
VAS	FOREHAND, N. CAROLYN	30 BURTON HILLS BLVD., STE. 400 NASHVILLE TN 37215		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

No longer with company.

VAS
Monte S. Frankenfield
30 Burton Hills Blvd. Ste 400
Nashville, TN 37215

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
Monte S. Frankenfield
Vice President

7/8/99

(615) 665-9066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0117274

July 7, 1999

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

RE: Document # F98000002549
PhyCor of Lakeland, 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 Lakeland, 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
Tax Analyst

Mkb

Enclosure