

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**May 29, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # K38876 (4)**  
1. Corporation Name  
**PHYCOR OF VERO BEACH, INC.**



Principal Place of Business Mailing Address  
**AGNEW, ALEXANDER H.**  
**2300 FIFTH AVENUE**  
**VERO BEACH FL 32960**  
**US**

3. Date Incorporated or Qualified **10/14/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

4. FEI Number **59-2913775** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ROSS, HENRY E.**  
**2300 FIFTH AVENUE**  
**VERO BEACH FL 32960**

10. Name and Address of New Registered Agent  
81 Name **Kissner, Michael G.**  
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]* DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, JOHN K.</b>	
STREET ADDRESS	<b>30 BURTON HILLS BLVD.</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	<b>DENT, THOMPSON S.</b>	
STREET ADDRESS	<b>30 BURTON HILLS BLVD.</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	<b>HUTTS, JOSEPH C.</b>	
STREET ADDRESS	<b>30 BURTON HILLS BLVD.</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	<b>REEVES, DERRIL W.</b>	
STREET ADDRESS	<b>30 BURTON HILLS BLVD.</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, RICHARD D.</b>	
STREET ADDRESS	<b>30 BURTON HILLS BLVD.</b>	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	<b>ROSS, HENRY E.</b>	
STREET ADDRESS	<b>2300 5TH AVENUE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Kissner, Michael G.</b>
63 STREET ADDRESS	<b>2300 5th Avenue</b>
64 CITY-ST-ZIP	<b>Vero Beach, FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)