

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

DOCUMENT # **K38876** (4)

1. Corporation Name

PHYCOR OF VERO BEACH, INC.

Principal Place of Business

**AGNEW, ALEXANDER H.
2300 FIFTH AVENUE
VERO BEACH FL 32960
US**

Mailing Address

**AGNEW, ALEXANDER H.
2300 FIFTH AVENUE
VERO BEACH FL 32960
US**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/14/1988

3a. Date of Last Report

05/01/1995

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**

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]

Typed Name of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

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

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 | MD Kissner, Michael G. |
| 63 STREET ADDRESS | 2300 5th Avenue |
| 64 CITY- ST- ZIP | Vero Beach, FL |

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)