

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32960-5160 US
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3. Date Incorporated or Qualified 10/14/1988	3a. Date of Last Report 05/29/1996
4. FEI Number 59-2913775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
24. Country	29. Country
25. Country	30. Country

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 **MICHAEL G. KIRKNER**

82. Street Address (P.O. Box Number is Not Acceptable)
2300 5TH AVENUE

83. City **VERO BEACH** FL 85 Zip Code **32960**

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: **5/6/97**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VP	
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 checked="" 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		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	MD		
1.2 NAME	MICHAEL G. KIRKNER		
1.3 STREET ADDRESS	2300 5TH AVENUE		
1.4 CITY - ST - ZIP	VERO BEACH FL 32960		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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: *[Signature]* DATE: **5/6/97**

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/96)