

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

U174318 AV

DOCUMENT # K38876

1. Entity Name
PHYCOR OF VERO BEACH, INC.

04-22-2002 90177 035 ***150.00

Principal Place of Business 2300 FIFTH AVENUE VERO BEACH FL 32960 US	Mailing Address 2300 FIFTH AVENUE VERO BEACH FL 32960 US
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2. Principal Place of Business 30 Burton Hills Blvd., Suite, Apt. #, etc. Suite 400	3. Mailing Address 30 Burton Hills Blvd., Suite, Apt. #, etc. Suite 400
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DO NOT WRITE IN THIS SPACE

City & State Nashville, TN	City & State Nashville, TN	4. FEI Number 59-2913775	Applied For <input type="checkbox"/> Not Applicable
Zip 37215	Country USA	Zip 37215	Country USA
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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CEOD DENT, THOMPSON S 30 BURTON HILLS BLVD. NASHVILLE TN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director Dent, Thompson S. 30 Burton Hills Blvd., Suite 400 Nashville, TN 37215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MD KISSNER, MICHEAL G 2300 5TH AVE VERO BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Director, President, Treasurer Jones, Tarpley B. 30 Burton Hills Blvd., Suite 400 Nashville, TN 37215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SUNDOCK, JOHN 30 BURTON HILLS BLVD NASHVILLE TN	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President, Gen. Counsel Forehand, N. Carolyn & Secretary 30 Burton Hills Blvd., Suite 400 Nashville, TN 37215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President & Asst. Sec'y Frankenfield, Monte S. 30 Burton Hills Blvd., Suite 400 Nashville, TN 37215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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. Frankenfield **RECORDED** 4-25-02 615-665-7814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #