

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P30892** (4)

1. Corporation Name

PHYCOR OF WINTER HAVEN, INC.

53 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

635 FIRST STREET, NORTH
WINTER HAVEN FL 33881

635 FIRST STREET, NORTH
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1990

3a. Date of Last Report

04/12/1994

2. Principal Place of Business

2a. Mailing Address

21 30 Burton Hills Blvd.

25 30 Burton Hills Blvd.

4. FBI Number

62-1438144

Applied For

Not Applicable

22 Suite, Apt. #, etc

22 Suite 500

27 Suite, Apt. #, etc

27 Suite 500

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

23 Nashville TN

28 City & State

28 Nashville TN

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24 Zip

24 37215

25 Country

25 Davidson

29 Zip

29 37215

30 Country

30 Davidson

8. The corporation has liability for intangible tax under § 199.022

Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GRANT, PETER L.
635 FIRST STREET NORTH
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name **Ronald K. Bare**
82 Street Address (B.O.B. or Member of Not Applicable)
111 Riverside Ave., Suite 120
83
84 City **Jacksonville** FL 85 Zip Code **32204**

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

Ronald K. Bare

Ronald K. Bare

5/8/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUTTS, JOSEPH C.
STREET ADDRESS	30 BURTON HILLS BLVD,340
CITY ST ZIP	NASHVILLE TN
TITLE	VD
NAME	REEVES, DERRIL W.
STREET ADDRESS	30 BURTON HILLS BLVD,340
CITY ST ZIP	NASHVILLE TN
TITLE	VD
NAME	WRIGHT, RICHARD D.
STREET ADDRESS	30 BURTON HILLS BLVD,340
CITY ST ZIP	NASHVILLE TN
TITLE	SD
NAME	DENT, THOMPSON S.
STREET ADDRESS	30 BURTON HILLS BLVD,340
CITY ST ZIP	NASHVILLE TN
TITLE	VT
NAME	CRAWFORD, JOHN K
STREET ADDRESS	30 BURTON HILLS BLVD STE 340
CITY ST ZIP	NASHVILLE TN
TITLE	VP
NAME	GRANT, PETER L
STREET ADDRESS	635 FIRST STREET NORTH
CITY ST ZIP	WINTER HAVEN 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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	VP
63 STREET ADDRESS	Forehand, N. Carolyn
64 CITY ST ZIP	30 Burton Hills Blvd, Suite 500 Nashville, TN 37215

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)(g), 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 as an attachment with an address.

SIGNATURE:

John K. Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
John K. Crawford

4/30/95 (615)665-9066