



ACCOUNT NO.

072100000032

REFERENCE

: 186383

5021646

AUTHORIZATION

COST LIMIT

Punt

ORDER DATE: March 29, 1999

ORDER TIME :

9:56 AM

ORDER NO.

186383-055

CUSTOMER NO:

5021646

CUSTOMER: Ms. Sharon H. Crawford

Phycor, Inc.

→ 9 30 Burton Hills Blvd.

Ste. 400

Nashville, TN 37215

CHANGE OF AGENT

NAME:

PHYCOR OF WINTER HAVEN, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

RA, Cho=ge 3-31-9=9

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pr	ovisions of sections 607.0502, 617.0502, 607.1.	508, or 617.1508,	Florida Statutes, the
undersigned corpo	ration organized under the laws of the State of	Tenr	essee
submits the followi	ing statement in order to change its registered oj	ffice or registered	agent, or both, in the
State of Florida.			
1. The name of the corporation is:			<u>-</u>
PHYCOR OF W	INTER HAVEN, INC.		- ,
2. The mailing add	tress of the corporation is: 30 Burton H	lills Blud, St	te.500
	Nashville TN 3	7215	
3. Date of incorpo	ration/qualification: September 12, 1990 Do	ocument number:	P30892
4. The name and a	ddress of the current registered agent and office:		99 SECO TALL
RC	NALD K. BARE		
12	0, 111 RIVERSIDE AVENUE		SSEE SSEE SSEE SSEE SSEE SSEE SSEE SSE
JA	ACKSONVILLE, FL 32204	-	
5. The name and a	ddress of the new registered agent and office: (P.	O. Box Not Acce	ptable = :
Co	rporation Service Company		= Am 2
12	01 Hays Street		
Ta	allahassee, FL 32301		
The street addres	s of its registered office and the street address l, will be identical.	of the business of	fice of its registered
	authorized by resolution duly adopted by its b		
\	0 1	,	729199
(Signature of an officer, chairman or vice chairman of the board)			(Date)
N. CAROLYN FOREHAND. Secretary			—· ·
(Printed or typed name and title)			(Date)
corporation, I he	ned as registered agent and to accept service of reby accept the appointment as registered age to comply with the provisions of all statutes relaying duties, and I am familiar with and accept the	ni ana agree io ac stive to the proper	and complete
Corporation Se	maren B. Ray	3 3 199	
(Si ₂	gnature of Registered Agent)	- (Date)	AT
If signing on behalf of an entity:			=======================================
		Assistant Vice	
•	yped or Printed Name)	(Capaci	
CR2E045(3/96)			. =