

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:43

DOCUMENT # **P31366** (8)

1. Corporation Name  
**PHYCOR OF JACKSONVILLE, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>30 BURTON HILLS BOULEVARD, SUITE 340 NASHVILLE TN 37215</b>	Mailing Address <b>30 BUTRON HILLS BLVD STE 500 NASHVILLE TN 37215 US</b>
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3. Date Incorporated or Qualified <b>10/18/1990</b>	3a. Date of Last Report <b>08/15/1994</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 <b>30 Burton Hills Blvd.</b>
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

4. FEI Number <b>62-1442783</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BARE, RONALD K  
RIVERSIDE CLINIC  
2005 RIVERSIDE AVE  
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HUTTS, JOSEPH C. 30 BURTON HILLS BLVD., SUITE 500 NASHVILLE TN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD REEVES, DERRILL W. 30 BURTON HILLS BLVD., SUITE 500 NASHVILLE TN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WRIGHT, RICHARD D. 30 BURTON HILLS BLVD., #500 NASHVILLE TN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DENT, THOMPSON S. 30 BURTON HILLS BLVD., SUITE 500 NASHVILLE TN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CRAWFORD, JOHN K 30 BURTON HILL BLVD, STE 500 NASHVILLE TN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>T</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addendum.

SIGNATURE: John K. Crawford 1/18/95 (615) 665-9066  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Typing Firm #