

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

1121
3-22

DOCUMENT # **P31366** (8)

1. Corporation Name
PHYCOR OF JACKSONVILLE, INC.



Principal Place of Business: **30 BURTON HILLS BOULEVARD, SUITE 340 NASHVILLE TN 37215**
Mailing Address: **30 BURTON HILLS BLVD. STE 500 NASHVILLE TN 37215 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **10/18/1990**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **62-1442783**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	HUTTS, JOSEPH C.	STREET ADDRESS	30 BURTON HILLS BLVD., SUITE 500	CITY-STATE-ZIP	NASHVILLE TN	<input type="checkbox"/> DELETE
TITLE	VD	NAME	REEVES, DERRILL W.	STREET ADDRESS	30 BURTON HILLS BLVD., SUITE 500	CITY-STATE-ZIP	NASHVILLE TN	<input type="checkbox"/> DELETE
TITLE	VD	NAME	WRIGHT, RICHARD D.	STREET ADDRESS	30 BURTON HILLS BLVD., #500	CITY-STATE-ZIP	NASHVILLE TN	<input type="checkbox"/> DELETE
TITLE	SD	NAME	DENT, THOMPSON S.	STREET ADDRESS	30 BURTON HILLS BLVD., SUITE 500	CITY-STATE-ZIP	NASHVILLE TN	<input type="checkbox"/> DELETE
TITLE	T	NAME	CRAWFORD, JOHN K	STREET ADDRESS	30 BURTON HILL BLVD, STE 500	CITY-STATE-ZIP	NASHVILLE TN	<input type="checkbox"/> DELETE

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-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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, attached or on an attachment with an address.

SIGNATURE: *Richard D. Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard D. Wright

18 Mar '96 (615) 665-9066

CR2E034 (12/95)