

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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 37215-6140 US
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 10/18/1990	3a. Date of Last Report 03/29/1996
4. FEI Number 62-1442783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 FL B5 Zip Code

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 _____ Signature typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

500002195595
 -06/03/97--01044--013
 ***1100.00

Handwritten signature and date: 5/20/97

14. I do 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 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 address.

SIGNATURE _____

CR2E034 (9/96)

5-8-97 (615)665-9066