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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

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$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 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUTTS, JOSEPH C.
STREET ADDRESS 30 BURTON HILLS BLVD., SUITE 500
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE VD
NAME REEVES, DERRILL W.
STREET ADDRESS 30 BURTON HILLS BLVD., SUITE 500
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE VD
NAME WRIGHT, RICHARD D.
STREET ADDRESS 30 BURTON HILLS BLVD., #500
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE SD
NAME DENT, THOMPSON S.
STREET ADDRESS 30 BURTON HILLS BLVD., SUITE 500
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE T
NAME CRAWFORD, JOHN K
STREET ADDRESS 30 BURTON HILL BLVD, STE 500
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

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***1100.00

5-8-97 (16151665-9066)

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