

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 16 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country
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3. Date Incorporated or Qualified 10/18/1990	Applied For Not Applicable
4. FEI Number 62-1442783	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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
 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 HUTTS, JOSEPH C.	<input type="checkbox"/> DELETE
NAME	30 BURTON HILLS BLVD., SUITE 500	
STREET ADDRESS	NASHVILLE TN	
CITY-ST-ZIP		
TITLE	VD REEVES, DERRILL W.	<input type="checkbox"/> DELETE
NAME	30 BURTON HILLS BLVD., SUITE 500	
STREET ADDRESS	NASHVILLE TN	
CITY-ST-ZIP		
TITLE	VD WRIGHT, RICHARD D.	<input type="checkbox"/> DELETE
NAME	90 BURTON HILLS BLVD., #500	
STREET ADDRESS	NASHVILLE TN	
CITY-ST-ZIP		
TITLE	SD DENT, THOMPSON S.	<input type="checkbox"/> DELETE
NAME	30 BURTON HILLS BLVD., SUITE 500	
STREET ADDRESS	NASHVILLE TN	
CITY-ST-ZIP		
TITLE	T CRAWFORD, JOHN K	<input type="checkbox"/> DELETE
NAME	30 BURTON HILL BLVD, STE 500	
STREET ADDRESS	NASHVILLE TN	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	see attached
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	

14. I 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:  **N. Carolyn Forchand, VP, 7-8-98 615/665-7833**

CFR2E034 (5/98)

PHYCOR OF JACKSONVILLE, INC.

Directors:

**Joseph C. Hutts
Thompson S. Dent
Derril W. Reeves
Richard D. Wright**

Officers:

Joseph C. Hutts	Chairman of the Board, President, Chief Executive Officer and Assistant Secretary
Derril W. Reeves	Executive Vice President and Assistant Secretary
Thompson S. Dent	Executive Vice President and Secretary
Richard D. Wright	Executive Vice President and Assistant Secretary
John K. Crawford	Executive Vice President and Assistant Secretary
Monte Frankenfield	Vice President and Assistant Secretary
Oliver V. Rogers	Vice President, Operations and Assistant Secretary
Henry E. Ross	Vice President, Operations and Assistant Secretary
N. Carolyn Forehand	Vice President, General Counsel and Assistant Secretary
David Bailey	Vice President, Executive Director and Assistant Secretary
Jon M. Sundock	Vice President and Assistant Secretary
R. Douglas Mefford	Assistant Secretary

The business address for the above directors and officers is:

**30 Burton Hills Boulevard, Suite 400
Nashville, Tennessee 37215**