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PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9400003225 (9)

PHC ORLANDO, INC.

FILED May 01 1997 8:00am Secretary of State



| Principal Plane of Business C/O PHYSICIAN HEALTH CORPORATION | | | Mailing Address C/O PHYSICIAN HEALTH CORPORATION | | | (1884) (119, 1814) after after abus abus abus abus anna man man man ans | | | |
|--|--|--|--|--|--|--|----------------------------|--|--|
| 990 HAMMOND | DRIVE. SUITE 300 | 990 HAMMOND DRIVE, SU | | - | | | | | |
| ATLANTA GA 3 | US 26 | ATLANTA GA 30328-5510 | | | 3. Date Incorporated or Qualified 06/20/1994 | 3a. Date of 05/29/1 | | port | |
| 2. Principal Pa | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | App | olied For | |
| 21 | | 26 | | | 58-2101933 | | Not | Applicable | |
| Suite Apt | #, e*c | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 7 | 3.75 A | dditional quired | |
| City & State | 0 | City & State | | | 6. Election Campaign Financing | \$ | 5.00 | viay Be | |
| 23 | | 28 | | | Trust Fund Contribution | | Added to | | |
| Zıçı | Country | Zip | Country | | 8. This corporation has liability for i | intangible tax u | nder s. | 199.032, | |
| 24 | 25 | 29 | 30 | | | Yes No | | | |
| | 9. Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New Re | gistered Agen | <u> </u> | | |
| CT | CORPORATION SYSTEM | | 81 | Name | | | | | |
| |) south pine Island Road Ntation FL 33324 | 1 | 82 Street Addr | | iress (P.O. Box Number is Not Acceptab | ole) | e | | |
| ויטו | HINIIOH FE VOOLT | | 63 | | | | | ***** | |
| | | | 84 | City | | FL 85 | Zip C | ode | |
| 11. Parsidint office or r | to the provisions of Sections 607.0 registered agent, or both, in the St or, familiar with, and accept the ob- | 0502 and 607.1508, Florida Statut late of Florida. Such change was bligations of Section 607.0505. Fl | es, the above authorized by orida Statutes | e-named corp / the corpora s. | poration submits this statement for the pation's board of directors. I hereby accept | pt the appointm | iging its ient as r | egistered | |
| - | The same transfer and the same same same same same same same sam | | | | | | | | |
| SHEMATERS | | | | | | | | | |
| SIGNATURE | Segment of type the probabilities of regeleted | | | oni signature requ | uired when reinstating) | DATE | | 211146 | |
| 12. | OFFICERS | AND DIRECTORS | 13. | eni signature requ | ured when reinstating) ADDITIONS/CHANGES TO OFFIC | CERS AND DIR | | | |
| | OFFICERS PD | | 13. 11 TITLE | eni signalure requ | | CERS AND DIR | ECTORS Change | | |
| 12. | PD GARVIN, SARAH C | AND DIRECTORS | 13. 11 TITLE 1.2 NAME | | | CERS AND DIR | | | |
| 12. 1⊬(ŧ | OFFICERS PD GARVIN, SARAH C 990 HAMMOND DRIVE, SUI | AND DIRECTORS | 13. 11 TITLE 1.2 NAME 1.3 STREET | ADDRESS | | CERS AND DIR | | | |
| 12. TITLE NAME STREET ADVIAGOS CITY-ST-ZIE | PD GARVIN, SARAH C 990 HAMMOND DRIVE, SUI ATLANTA GA 30328 | AND DIRECTORS DELETE TE 300 | 13. 11 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S | ADDRESS | | CERS AND DIR | Change | Addition | |
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Historical intercologic or this annual report of supplemental annual report is true and accurate and materny signature shall have the same legal effect as it made under of ±annah 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.