

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

FILED
May 21 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 # F94000003225 (9)

1. Corporation Name

PHC CENTRAL FLORIDA, INC.

Principal Place of Business

C/O PHYSICIAN HEALTH CORPORATION
990 HAMMOND DRIVE, SUITE 300
ATLANTA GA 30328

Mailing Address

C/O PHYSICIAN HEALTH CORPORATION
990 HAMMOND DRIVE, SUITE 300
ATLANTA GA 30328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

58-2101933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Shamus Holt

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

3085 Oakwater Circle

83

84 City

Oelando

FL

85 Zip Code

32806

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

Shamus Holt

5-14-98

Signature typed to permit filing of registered agent's signature if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD GAVIN, SARAH C**
 STREET ADDRESS **990 HAMMOND DRIVE, SUITE 300**
 CITY-ST-ZIP **ATLANTA GA 30328**

TITLE ☒ DELETE

NAME **ST SCOTT, H. THOMAS**
 STREET ADDRESS **990 HAMMOND DRIVE, SUITE 300**
 CITY-ST-ZIP **ATLANTA GA 30328**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **VT Thomas Rodgers**
 1.3 STREET ADDRESS **990 Hammond Drive, Suite 300**
 1.4 CITY-ST-ZIP **Atlanta, GA 30328**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **S Daniel Epstein**
 2.3 STREET ADDRESS **990 Hammond Drive, Suite 300**
 2.4 CITY-ST-ZIP **Atlanta, GA 30328**

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 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

Shamus Holt

5-13-98 11/13/98

CR2E034 (10/97)