


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

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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90001 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000003225					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/20/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		58-2101933	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SHAMUS HOLT 3885 OAKWATER CIRCLE ORLANDO FL 32806			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	GARVIN, SARAH C				
STREET ADDRESS	990 HAMMOND DRIVE, SUITE 300				
CITY-ST-ZIP	ATLANTA GA 30328				
TITLE	VT	<input checked="" type="checkbox"/> DELETE			
NAME	THOMAS, RODGERS				
STREET ADDRESS	990 HAMMOND DR, SUITE 300				
CITY-ST-ZIP	ATLANTA GA 30328				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	EPSTEIN, DANIEL				
STREET ADDRESS	990 HAMMOND DR, SUITE 300				
CITY-ST-ZIP	ATLANTA GA 30328				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	SHAMUS HOLT				
1.3 STREET ADDRESS	3885 OAKWATER CIRCLE				
1.4 CITY-ST-ZIP	ORLANDO, FL 32806				
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	GARY RASMUSSEN				
2.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300				
2.4 CITY-ST-ZIP	ATLANTA, GA 30328				
3.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	THOMAS M. RODGERS, JR.				
3.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300				
3.4 CITY-ST-ZIP	ATLANTA, GEORGIA 30328				
4.1 TITLE	ASST S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	DARCEL A. DEUPREE, FSA				
4.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300				
4.4 CITY-ST-ZIP	ATLANTA, GA 30328				
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, with all other like empowered.

SIGNATURE: Daniel Epstein DARCEL A. DEUPREE 3/30/99 770/225-1658
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)