

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003225

1. Entity Name

PHC CENTRAL FLORIDA, INC.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90309 022 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2101933

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
FORT LAUDERDALE FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GARVIN, SARAH C
STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300
CITY-ST-ZIP ATLANTA GA 30328 ☒ Delete

TITLE SV
NAME RODGERS, THOMAS M JR
STREET ADDRESS 990 HAMMOND DR, SUITE 300
CITY-ST-ZIP ATLANTA GA 30328 ☒ Delete

TITLE V
NAME HOLT, SHAMUS
STREET ADDRESS 3885 OAKWATER CIR
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE T
NAME RHOTON, DAVID C
STREET ADDRESS 990 HAMMOND DR STE 300
CITY-ST-ZIP ATLANTA GA 30328 ☒ Delete

TITLE AS
NAME MATILSKY, ALAN H
STREET ADDRESS 990 HAMMOND DR STE 300
CITY-ST-ZIP ATLANTA GA 30328 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Resident/Director/Secretary
NAME Charles E. Sweet
STREET ADDRESS 990 Hammond Dr, Suite 300
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)