

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003234 (1)

1. Corporation Name

PHC PALM BEACH, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 C/O Physician Health Corporation
Suite, Apt. #, etc.

26 C/O Physician Health Corporation
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

58-2107061

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee collector

Signature typed or printed name of registered agent and fee collector

DATE

12. OFFICERS AND DIRECTORS

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

TITLE DST
NAME MORPHIS, ROCK A
STREET ADDRESS 1911 21ST AVENUE, SOUTH
CITY- ST- ZIP NASHVILLE TN ☒ DELETE

TITLE D
NAME LUTTRELL, WILLIAM B
STREET ADDRESS 990 HAMMOND DRIVE, SUITE 300
CITY- ST- ZIP ATLANTA GA 30328 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME ST
2.3 STREET ADDRESS N. Thomas Scott
2.4 CITY- ST- ZIP 990 Hammond Drive, Suite 300
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96

110-673-1964

CR2E034 (12/95)