

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

DOCUMENT # F94000003234 (1)

1. Corporation Name
PHC PALM BEACH, INC.



Principal Place of Business
C/O PHYSICIAN HEALTH CORPORATION
990 HAMMOND DRIVE, SUITE 300
ATLANTA GA 30328
US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 06/20/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2107061	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent O-T CORPORATION SYSTEM- 1200 SOUTH PINE ISLAND ROAD- PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81	Name	Shamus Holt			
82	Street Address (P.O. Box Number is Not Acceptable)	3885 Oakwater Creek			
83					
84	City	Orlando	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: *[Signature]* DATE: 5-14-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	GARVIN, SARAH C	1.1 TITLE		1.2 NAME	
STREET ADDRESS	990 HAMMOND DRIVE, SUITE 300			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	ATLANTA GA 30328			2.1 TITLE		2.2 NAME	S Daniel Epstein
				2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	990 Hammond Drive, Suite 300 Atlanta, GA 30328
TITLE	ST	NAME	SCOTT, H. T	3.1 TITLE	VT	3.2 NAME	Thomas Rodgers
STREET ADDRESS	990 HAMMOND DR., STE 300			3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	990 Hammond Drive, Suite 300 Atlanta, GA 30328
CITY-ST-ZIP	ATLANTA GA			4.1 TITLE		4.2 NAME	
				4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	OFO	NAME	RODGERS, TOM	5.1 TITLE		5.2 NAME	
STREET ADDRESS	990 HAMMOND DR STE 300			5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP	ATLANTA GA			6.1 TITLE		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: *[Signature]* DATE: 5-13-98 110113-1961

CR2E034 (10/97)