

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90001 043 ***150.00

DOCUMENT # F94000003234

1. Corporation Name

PHC FLORIDA MEDICAL MANGEMENT, 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

3. Date Incorporated or Qualified

06/20/1994

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

SHAMUS HOLT
3885 OAKWATER CIRCLE
ORLANDO FL 32806

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 title if applicable.

(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	S	<input checked="" type="checkbox"/> DELETE
NAME	EPSTEIN, DANIEL	
STREET ADDRESS	990 HAMMOND DR, SUITE 300	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	RODGERS, TOM	
STREET ADDRESS	990 HAMMOND DR STE 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	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS M. RODGERS, JR	
1.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300	
1.4 CITY-ST-ZIP	ATLANTA, GEORGIA 30328	
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, GEORGIA 30328	
3.1 TITLE	ASST S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DARCE A. DEURREE, ESQ	
3.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300	
3.4 CITY-ST-ZIP	ATLANTA, GEORGIA 30328	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: Darce A. Deurree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99
Date

770/325-1658
Daytime Phone #

CR2E034 (11/98)