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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND THE BURNE



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

F9400006349 (4)

DOCUMENT #
1. Corporation Name PHC PHYSICIAN NETWORK OF ORLANDO, INC.

PHC PHYSICIAN NETWORK OF URLANDO, INC.						
Principal Place of E	Business	Matting Address			f i ##ff## trif i #Jet men dann an.	ille Balti Adiil Adiib buide diin dince con c
) DR., STE. 300	990 HAMMON ATLANTA GA	ND DR., STE. 30 30328	00		
ATLANTA GA 30328			,		3. Date incorporated or Qualified 12/13/1994	3a. Date of Last Report 05/01/1995
2. Principal Place	of Business	2a. Maning Addre	255	•	4. FEI Number	Applied For Not Applical
]		26			58-2101933	\$8.75 Additional
Suite, Apt #. e	tc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	Fee Required
City & State		Orty & State			6. Flection Campaign Financing	\$5.00 May Be
City & Diale		28			Trust Fund Contribution	Added to Fees
Ζφ	Country	Ζip	├ ──¬	Country	This corporation has liability for Florida Statutes	intangible tax under \$ 199.032,
<u> </u>	25	29	30		10. Name and Address of New F	
!	9. Name and Address of Curr	ent Hegistered Agent		81 Name		
				50 St. 12 And 1	ress (P.O. Box Number is Not Acceptat	blel
CT COR	PORATION SYSTEM			82 Street Add	ress (m.O. dox nomber is not Acceptat	
	UTH PINE ISLAND ROAD			83		· ·
PLANIA	TION FL 33324			84 City		85 Zip Code
					ration submits this statement for the puring of directors. Thereby accept the app	FL 2 2
or registered familiar with,	he provisions of Sections 607.07 agent, or both in the State of Fl and accept the bullgations of Se	ection 607,0505, Florida	Statutes			
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ME OF SIGNING OFFICER OF DIRECTOR

5-27-96 110-613-1964