

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 # F94000006349 (4)

1. Corporation Name

PHC PHYSICIAN NETWORK OF ORLANDO, INC.

Principal Place of Business

990 HAMMOND DR., STE. 300  
ATLANTA GA 30328

Mailing Address

990 HAMMOND DR., STE. 300  
ATLANTA GA 30328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1994

4. FEI Number

58-2101933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

GT 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 Circle

83

84

Orlando

FL

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

*Shamus Holt*

(NOTE: Registered Agent signature required when reinstating)

5-14-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GARVIN, SARAH C  
990 HAMMOND DR., STE. 300  
ATLANTA GA

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SCOTT, H. THOMAS  
990 HAMMOND DR., STE. 300  
ATLANTA GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OV  
HOLT, SHAMUS  
4401 SOUTH ORANGE AVE  
ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
S  
Daniel Epstein  
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  
m  
Shamus Holt  
3885 Oakwater Circle  
Orlando, FL 32806

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
VT  
Thomas Rodgers  
990 Hammond Drive, Suite 300  
Atlanta, GA 30328

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 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

*Shamus Holt*

5-17-98 11:13:10

CP2E034 (10/97)