

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 042 ***150.00

DOCUMENT # F94000006349

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

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ 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

10. Name and Address of New Registered Agent

HOLT, SHAMUS
3885 OAKWATER CIR
ORLANDO FL 32806

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE VS ☐ Change ☒ Addition
1.2 NAME THOMAS M. RODGERS, JR.
1.3 STREET ADDRESS 990 HAMMOND DR. SUITE 300
1.4 CITY-ST-ZIP ATLANTA, GA 30328

TITLE S ☒ DELETE
NAME EPSTEIN, DANIEL
STREET ADDRESS 990 HAMMON DR, STE 300
CITY-ST-ZIP ATLANTA GA 30328

2.1 TITLE T ☐ Change ☒ Addition
2.2 NAME GARY RASMUSSEN
2.3 STREET ADDRESS 990 HAMMOND DR. SUITE 300
2.4 CITY-ST-ZIP ATLANTA, GA 30328

TITLE M ☒ DELETE
NAME HOLT, SHAMUS
STREET ADDRESS 3885 OAKWATER CIR
CITY-ST-ZIP ORLANDO FL 32806

3.1 TITLE ASST S ☐ Change ☒ Addition
3.2 NAME DARCEE A. DEOPREE, ESQ
3.3 STREET ADDRESS 990 HAMMOND DR. SUITE 300
3.4 CITY-ST-ZIP ATLANTA, GEORGIA 30328

TITLE VT ☒ DELETE
NAME RODGERS, THOMAS
STREET ADDRESS 990 HAMMOND DR, STE 300
CITY-ST-ZIP ATLANTA GA 30328

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE

DARCEE A. DEOPREE, ESQ

3/30/99

770/225-1658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)