

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003718 (2)

1. Corporation Name

PHI HEALTHCARE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

8615 FREEPORT PARKWAY
SUITE 250
IRVING TX 75063

8615 FREEPORT PARKWAY
SUITE 250
IRVING TX 75063

3. Date Incorporated or Qualified

3a. Date of Last Report

08/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
33-0176120

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 of Registered Agent (Required when Agent is Not a Corporation)

(NOTE: Registered Agent Signature Required when Agent is Not a Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	DE MEO, RICHARD J	
STREET ADDRESS	21881 CONSUEGRA MISSION	
CITY-ST-ZIP	VIEJO CA 92092	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, RICHARD ESO	
STREET ADDRESS	23201 MILL CREEK DR., #100	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	
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		

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT DELLA VALLE	
1.3 STREET ADDRESS	8615 FREEPORT PKWY #250	
1.4 CITY-ST-ZIP	IRVING, TX. 75063	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES D. SHELTON	
2.3 STREET ADDRESS	8615 FREEPORT PKWY #250	
2.4 CITY-ST-ZIP	IRVING, TX. 75063	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James D. Shelton* JAMES D. SHELTON 6-7-96 214-929-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)