

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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
8615 FREEPORT PARKWAY
SUITE 250
IRVING TX 75063

Mailing Address
8615 FREEPORT PARKWAY
SUITE 250
IRVING TX 75063-2551

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1995	3a. Date of Last Report 06/19/1996
21. State, Apt. #, etc.	22. City & State	26. 5555 GLENDON CT.	27. Suite, Apt. #, etc.	4. FEI Number 33-0176120	Applied For Not Applicable
23. Zip	23. Country	28. DUBLIN, OH	29. Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	30. 43016	31. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

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. City	
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELLA VAUE, ROBERT		1.2 NAME	Robert D. Walter	
STREET ADDRESS	8615 FREEPORT PKWY #250		1.3 STREET ADDRESS	5555 Glendon Court	
CITY - ST - ZIP	IRVING TX		1.4 CITY - ST - ZIP	Dublin, OH 43016	
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	T/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, JAMES D		2.2 NAME		
STREET ADDRESS	8615 FREEPORT PKWY #250		2.3 STREET ADDRESS		
CITY - ST - ZIP	IRVING TX		2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	John C Kane	
STREET ADDRESS			3.3 STREET ADDRESS	5555 Glendon Court	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	Dublin, OH 43016	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	George H. Bennett, Jr	
STREET ADDRESS			4.3 STREET ADDRESS	5555 Glendon Court	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	Dublin, OH 43016	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Glenn L. Martin	
STREET ADDRESS			5.3 STREET ADDRESS	5555 Glendon Court	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	Dublin, OH 43016	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I do 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: **Glenn L. Martin VP, Taxes** 3-21-97 (614) 777-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)