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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

3. Date Incorporated or Qualified: **08/02/1995**
3a. Date of Last Report: **06/19/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5555 GLENDON CT.
Suite, Apt. #, etc.
27
City & State
28 DUBLIN, OH
Zip 29 43016 Country 30

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

10. Name and Address of New Registered Agent
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 tax, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	DELLA VAUE, ROBERT	
STREET ADDRESS	8615 FREEPORT PKWY #250	
CITY-ST-ZIP	IRVING TX	
TITLE	STD	☐ DELETE
NAME	SHELTON, JAMES D	
STREET ADDRESS	8615 FREEPORT PKWY #250	
CITY-ST-ZIP	IRVING TX	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	C	☐ Change ☒ Addition
1.2 NAME	Robert D. Walter	
1.3 STREET ADDRESS	5555 Glendon Court	
1.4 CITY-ST-ZIP	Dublin, OH 43016	
2.1 TITLE	T/V	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	☐ Change ☒ Addition
3.2 NAME	John C Kane	
3.3 STREET ADDRESS	5555 Glendon Court	
3.4 CITY-ST-ZIP	Dublin, OH 43016	
4.1 TITLE	S	☐ Change ☒ Addition
4.2 NAME	George H. Bennett, Jr	
4.3 STREET ADDRESS	5555 Glendon Court	
4.4 CITY-ST-ZIP	Dublin, OH 43016	
5.1 TITLE	V	☐ Change ☒ Addition
5.2 NAME	Glenn L. Martin	
5.3 STREET ADDRESS	5555 Glendon Court	
5.4 CITY-ST-ZIP	Dublin, OH 43016	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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)717-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0494229