FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **F96000000082** PHYMATRIX CORP. N/K/A Innovative Clinical Solutions, 04-26-2000 90152 040 ***150.00 Principal Place of Business Mailing Address 777 SOUTH FLAGLER DRIVE 777 SOUTH FLAGLER DRIVE SUITE 1000 E SUITE 1000 E WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6152 HS 3. Mailing Address 2. Principal Place of Business Street Dorrance & Dorrance Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 400 Duite 400 Applied For City & State 4. FEI Number City & State 65-0617076 Providence Not Applicable Providence Country \$8.75 Additional Country 5. Certificate of Status Desired 02903 02903 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition CCEO ☐ Change Detete TITLE TITLE see attached list GOSMAN, ABRAHAM D NAME 777 SOUTH FLAGLER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Delete Change Addition TITLE TITLE LEATHERS, FREDERICK R NAME NAME STREET ADDRESS 777 SOUTH FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIE ■ Addition Delete Change Change TITLE TITLE SCHUMANN, DENISE NAME NAME STREET ADDRESS 777 SOUTH FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Addition AS ☐ Change Delete TITLE BOHNEN, MICHAEL J NAME NUTTER, MCCLENNEN, ONE INTERNATIONAL PLACE STREET ADDRESS STREET ADDRESS BOSTON MA 02110-2699 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE HERNANDEZ, ALBERTO M NAME NAME 777 S FLAGLER DR STE 1000 E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WEST PALM BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. 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 report or supplemental 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 truettee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate Daytime Phone #

a Hachment COD 73482 FG 6000000182

Directors and Officers Innovative Clinical Solutions, Ltd.

Abraham Gosman Director
Kevin E. Moley Director
Gov. Hugh Carey Director
David Livingston, M.D. Director
Eric Moskow, M.D. Director

Michael T. Heffernan Director, CEO & President

Gary S. Gillheeney CFO & Treasurer

Veronica A. Barrett Secretary
John Wardle COO
Adrian Otte, M.D. COO
Bryan Dieter CIO