2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2001 8:00 am DOCUMENT # F9600000082 Secretary of State 1. Entity Name PHYMATRIX CORP. 03-29-2001 91002 001 *1.950.00 Principal Place of Business Mailing Address 10 DORRANCE ST 10 DORRANCE ST STE 400 STE 400 66783 PROVIDENCE RI 02903 PROVIDENCE RI 02903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0617076 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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 FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 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 11. 12. CEOPD 🛛 Delete ☐ Change **X** Addition TITLE TITLE Michael T. Heffernan GOSMAN, ABRAHAM D NAME NAME 10 Dorrance Street 777 SOUTH FLAGLER DRIVE STREET ADDRESS STREET ADDRESS Providence RI 02903 CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP FOT 5 Sary S. Gillheeney TITLE L Delete ☐ Change Addition MOLEY, KEVIN E NAME NAME Dorrance Street STREET ADDRESS STREET ADDRESS 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP Providence RI 02903 Delete John Wardle ☐ Change Addition TITLE TITLE NAME BARRETT, VERONICA NAME Dorrance Street STREET ADDRESS 777 SOUTH FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP Providence RI 02903 C00 TITLE ☐ Delete TITLE Change Addition OTTE, ADRIAN NAME NAME 777 S FLAGLER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MOSKOW, ERIC NAME NAME 777 S FLAGLER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP

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 trustee of bowled 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.

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

LIVINGSTON, DAVID

777 S FLAGLER DR

WEST PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/21/01

401-831-6755

☐ Addition

Daytime Phone #

Change