2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **F96000000082**

1. Entity Name
PHYMATRIX CORP.

Principal Place of Business	Mailing Address
10 DORRANCE ST STE 400 PROVIDENCE RI 02903 US	10 DORRANCE ST STE 400 PROVIDENCE RI 02903 US

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0617076**   Applied For ☐ / Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS / 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP	Delete	TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
COPD	HEFFERNAN, MICHAEL T 10 DORRANCE STREET PROVIDENCE RI 02903	☐			☐	☐
D	MOLEY, KEVIN E 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	☒			☐	☐
COO	WARDLE, JOHN 10 DORRANCE STREET PROVIDENCE RI 02903	☐			☐	☐
COO	OTTE, ADRIAN 777 S FLAGLER DR WEST PALM BEACH FL 33401	☒			☐	☐
D	MOSKOW, ERIC 777 S FLAGLER DR WEST PALM BEACH FL	☒			☐	☐
D	LIVINGSTON, DAVID 777 S FLAGLER DR WEST PALM BEACH FL	☐			☐	☐

CR2E034 (9/01)

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 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: _____   3/1/02   401-831-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #