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May 08 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 # F96000002673 (9)

1. Corporation Name
PHYMATRIX PHYSICIAN MANAGEMENT, INC.

Principal Place of Business
777 SOUTH FLAGLER DRIVE
SUITE 1000E
WEST PALM BEACH FL 33401

Mailing Address
777 SOUTH FLAGLER DRIVE
SUITE 1000E
WEST PALM BEACH FL 33401-6161



3. Date Incorporated or Qualified
05/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0658436

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCD
GOSMAN, ABRAHAM D
777 SOUTH FLAGLER DRIVE, STE 1000E
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
LEATHERS, FREDERICK R
777 SOUTH FLAGLER DRIVE, STE 1000E
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
BOHNEN, MICHAEL J
777 SOUTH FLAGLER DRIVE, STE 1000E
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
SCHUMANN, DENISE
777 SOUTH FLAGLER DRIVE, STE 1000E
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
TIDIKIS, FRANCIS S
777 SOUTH FLAGLER DRIVE, STE 1000E
WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MCGILL, JEANETTE
777 SOUTH FLAGLER DRIVE, STE 1000E
WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
CD
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
P
Miller, Robert
777 South Flagler Dr. Ste 1000 East
West Palm Beach, FL 33401
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
V
Gardner, Gregory
777 South Flagler Dr. Ste 1000 East
West Palm Beach, FL 33401
☒ Change ☐ Addition

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:

Denise Schumann Sec 4/20/97 201-655-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0220270

CR2E034 (9/96)