FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600004081 (3) PHYMATRIX PSYCHOLOGICAL MANAGEMENT, INC.

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 777 \$ FLAGLER DR #1000-E 777 \$ FLAGLER DR #1000 W PALM BCH FL 33401 W PALM BCH FL 33401-\$1					
					3. Date Incorporated or Qualified 3a. Date of Last Report 08/09/1996
2. Principal Prace of Business 2a. Mailing 2		2a. Mailing Address	g Address		4. FEI Number APPLIED FOR 65-0700326 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired Sa.75 Additional Fee Required
City & Stat	e	City & State	· · · · · · · · · · · · · · · · · · ·	1115	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
7ip	Country 25	Zip	Zip Countr		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Current		- .		10. Name and Address of New Registered Agent
CT	CORPORATION SYSTEM		81	Name	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	Street	t Address (P.O. Box Number is Not Acceptable)
, ru	MINION FL 33324		83	1	
			84	City	85 Zip Code
				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					
12.	Signature, typed or printed name of registered agen OFFICERS AND		legistered Ac	ent signature	ire required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1016	D OFFICERS AND	DELETE	1.1 TITLE		Change Addition
NAME	GOSMAN, ABRAHAM D		1.2 NAME	:	
STREET ADDRESS	777 S FLAGLER DR #1000-E			T ADDRESS	
CHTY-ST ZIP	W PALM BCH FL 33401	*	1.4 CITY-		1
TITLE	DP	DELETE	2.1 TITLE		Change Addition
NAME	TIDKIS, FRANK		2.2 NAME		
STREET ADDRESS	777 S FLAGLER DR #1000-E		2.3 STREE	T ADDRESS	
CITY - ST - ZIF	W PALM BCH FL 33401		2. 4 CITY	-ST-ZIP	
TITLE	DCOO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, EDWARD MD		3.2 NAME		
STHEET ADDRESS	777 S FLAGLER DR #1000-E		•	T ADDRESS	
CHY-SI-ZIP	W PALM BCH FL 33401	☐ DELETE	3.4. CITY	·ST · ZIP	Change Addition
THEE	ACEVEDO-RENNIE, JEAN	□ Deff.)£	4.1 TITLE		Cuanting Classification
NAME STREEL ADDRESS	777 S FLAGLER DR #1000-E		4. 2 NAMI		
CITY-ST-7IP	W PALM BCH FL 33401		ſ	T ADDRESS	1
TITLE	S	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	SCHUMANN, DENISE		5.2 NAME		heres g hand
STREET ADDITIESS	777 S FLAGLER DR #1000-E		8 '	T ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33401		5.4 CITY-		
TiTLE	CFO	DELETE	6.1 TITLE		CFO
NAME	EVE, TERRY		6.2 NAME		Leathers, Frederick R.
STREET ADDRESS	777 S FLAGLER DR #1000-E		6.3 STREE	T ADDRESS	
CITY-S1-7iP	W PALM BCH FL 33401		6.4 CITY-	ST-ZIP	West Palm Beach, FL 33401
14. Ldo here	by certify that the information supplied	with this filing does not qualify	or the ex	emption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the