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FILED
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 # F96000005351 (9)

1. Corporation Name

PHYMATRIX NETWORK MANAGEMENT, INC.

Principal Place of Business

777 S. FLAGLER DR. SUITE 1000E
WEST PALM BEACH FL 33401

Mailing Address

777 S. FLAGLER DR. SUITE 1000E
WEST PALM BEACH FL 33401-6161

3. Date Incorporated or Qualified
10/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
APPLIED FOR 65-0700323

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIDIKIS, FRANK	
STREET ADDRESS	777 S. FLAGLER DR, SUITE 1000E	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOSMAN, ABRAHAM D	
STREET ADDRESS	777 S. FLAGLER DR, SUITE 1000E	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EVE, TERRY	
STREET ADDRESS	777 S. FLAGLER DR, SUITE 1000E	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, ALBERT	
STREET ADDRESS	777 S. FLAGLER DR, SUITE 1000E	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCHUMANN, DENISE	
STREET ADDRESS	777 S. FLAGLER DR, SUITE 1000E	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Leathers, Frederick R
3.3 STREET ADDRESS	777 South Flagler Dr. Ste 1000 East
3.4 CITY - ST - ZIP	West Palm Beach, FL 33401
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)