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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F96000005351 (9)

PHYMATRIX NETWORK MANAGEMENT, INC.

Principal Place of Business Mailing Address

FILED Apr 30 1998 8:00am Secretary of State



| | ek ok. Suite 1000: Beach Fl 33401 | | Bler dr. Suite 1 I Beach Fl 3340 | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|---------------------------------------|--------------------------------|----------------------------------------------|---------------------|
| | DEMONT TE GOTO | WEST TALM | DENOTITE SOFT | '1 | DO NOT WRITE IN THIS | SPACE |
| | | | | | 3. Date Incorporated or Qualified 10/15/1996 | |
| | ace of Business | 2a. Mailing A | . Mailing Address | | 4. FEI Number | Applied For |
| 21 | • | 26 | | | 65-0700323 | Not Applicable |
| Suite, Apt. #, etc | | Suite, Apt | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & Sta | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | · · · · · · · · · · · · · · · · · · · | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zιρ | | Country | 8. This corporation owes or has paid the cur | |
| 24 | 25 Name and Address of Cu | 29 | 30 | | | Yes No |
| g, Name and Address of Current Registered Agent C T CORPORATION SYSTEM | | | | | 10. Name and Address of New Registered | Agent |
| 1200 SOUTH PINE ISLAND ROAD | | | | 81 Name | | |
| PLANTATION FL 33324 | | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| | MINION PE 35324 | | | 83 | | |
| | | | | L | | |
| | | | | 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 registere | d agent and tile if applicable | (NOTE Regi | istered Agent signature | required when reinstating) DATE | |
| 12. | | AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 |
| TITLE | PO | <u> </u> | DELETE | 1.1 TITLE | PD | change ☐ Addition |
| NAME | TIDIKIS, FRANK | | | 1.2 NAME | Miller, Robert A | |
| STREET ADDRESS 777 S. FLAGLER DR, SUITE 1000E | | | i · | 1.3 STREET ADORESS | 777 S. Flagler Dr, Suite 100 | DOE |
| CITY-ST-ZIP | WEST PALM BEACH FL 3 | | | 1.4 CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | OCCUAN APPAUAN D | L | | 2.1 TITLE | | Change Addition |
| NAME | GOSMAN, ABRAHAM D | TE 4000E | 1 | 2.2 NAME | | |
| STREET ADDRESS | 777 S. FLAGLER DR, SUI WEST PALM BEACH FL 3 | | 1 | 2.3 STREET ADDRESS | | |
| City-St-ZiP | WEST FALM BEACH FL S | | | 2. 4 CITY-ST-ZIP | | |
| TATLE | LEATHERS, FREDERICK F | | | 3.1 TITLE | | Change Addition |
| NAME CERCET ADDRESS | 777 S FLAGLER DR STE | | | 3.2 NAME | | |
| STREET ADDRESS | WEST PALM BEACH FL | IVVV L | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | S | তি | | 3.4. CITY-ST-ZIP 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HERNANDEZ, ALBERT | ų. | | 4.1 HILE 4.2 NAME | | CHRUTE CHANGINGII |
| STREET ADDRESS | 777 S. FLAGLER DR, SUI | TE 1000E | | 4.2 NAME 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 3 | | | 4.4 CITY-ST-ZIP | | |
| TITLE | AS | | | 5.1 TITLE | S | Change Addition |
| NAME | SCHUMANN, DENISE | | | 5.2 NAME | 3 | X |
| STREET ADDRESS | 777 S. FLAGLER DR, SUI | TE 1000E | 1 | 5 3 STREET ADDRESS | | ŀ |
| CITY-ST-ZIP | WEST PALM BEACH FL 3 | 3401 | | 5 4 CITY - ST - ZIP | | |
| TITLE | | | | 6 1 TATLE | | Change Addition |
| NAME | | | | 6 2 NAME | | |
| STREET ADDRESS | | | | 6 3 STREET ADDRESS | | ļ |
| CITY-ST-ZIP | | | 1 | 6 4 CITY-ST-ZIP | | |

14. 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 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: