

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005351

1. Entity Name

PHYMATRIX NETWORK MANAGEMENT, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90059 044 ***150.00

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 33401-6152

2. Principal Place of Business

3801 PGA Blvd

Suite, Apt. #, etc.

Suite 901

City & State

Palm Beach Gardens FL

Zip
33410

Country
US

3. Mailing Address

10 Dorrance St.

Suite, Apt. #, etc.

Suite 400

City & State

Providence RI

Zip
02903

Country
US

4. FEI Number 65-0700323

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GOSMAN, ABRAHAM D 777 S. FLAGLER DR, SUITE 1000E WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEATHERS, FREDERICK R 777 S FLAGLER DR STE 1000 E WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUMANN, DENISE 777 S. FLAGLER DR, SUITE 1000E WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GARDNER, GREG 777 S FLAGLER DR STE 1000E WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President/Director Michael T. Heffernan 10 Dorrance St, Suite 400 Providence RI 02903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/VP John Wardle 10 Dorrance St, Suite 400 Providence RI 02903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Treasurer Gary S. Gillheaney 10 Dorrance St, Suite 400 Providence RI 02903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary Veronica A. Barrett, Esq. 10 Dorrance St, Suite 400 Providence RI 02903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Donguyen T. Nguyen 3801 PGA Blvd, Suite 901 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

401-831-6755

Daytime Phone #