

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90010 025 ***150.00

DOCUMENT # F97000005215

1. Corporation Name

PHYMATRIX OF MANATEE COUNTY, INC.



Principal Place of Business

**777 SOUTH FLAGLER DR., 1000 EAST
WEST PALM BEACH FL 33401**

Mailing Address

**777 SOUTH FLAGLER DR., 1000 EAST
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0784769

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 owes the current year intangible
Personal Property Tax.

☒ Yes ☐ No

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DCEO** ☐ DELETE

NAME **GOSMAN, ABRAHAM D**
STREET ADDRESS **777 SOUTH FLAGLER DR., 1000 EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

11 TITLE ☐ Change ☐ Addition

TITLE **P** ☒ DELETE

NAME **MILLER, ROBERT A**
STREET ADDRESS **777 SOUTH FLAGLER DR., 1000 EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

12 NAME ☐ Change ☐ Addition

TITLE **CFOT** ☐ DELETE

NAME **LEATHERS, FREDERICK R**
STREET ADDRESS **197 FIRST AVE.**
CITY-ST-ZIP **NEEDHAM MA 02194**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **SCHUMANN, DENISE**
STREET ADDRESS **777 SOUTH FLAGLER DR., 1000 EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ DELETE

NAME **GARDNER, GREG**
STREET ADDRESS **777 S FLAGLER DR, 1000E**
CITY-ST-ZIP **WPB FL 33401**

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise Schumann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22 1999

Date

561-822-5520

Daytime Phone #

CR2E034 (11/98)