

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
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FILED
98 MAY 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005979
1. Corporation Name
PSC Management Corp.
of Delaware

Principal Place of Business 1150 Lake Hearn Drive Suite 640 Atlanta, Ga 30342	Mailing Address 1150 Lake Hearn Drive Suite 640 Atlanta, Ga 30342
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/31/97 4. FEI Number 58-2301611 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

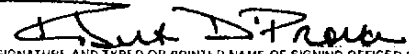
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Ramie A Thitt M.D.	12 NAME	
STREET ADDRESS	1150 Lake Hearn Drive Ste 640	13 STREET ADDRESS	500002522095
CITY-ST-ZIP	ATLANTA, Ga 30342	14 CITY-ST-ZIP	
TITLE	Vice chairman ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Gerald Benjamin	22 NAME	
STREET ADDRESS	1150 Lake Hearn Drive Ste 640	23 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Ga 30342	24 CITY-ST-ZIP	
TITLE	CEO ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Richard Ballard	32 NAME	
STREET ADDRESS	1150 Lake Hearn Drive Ste 640	33 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Ga 30342	34 CITY-ST-ZIP	
TITLE	Vice President ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Robert D. Proven	42 NAME	
STREET ADDRESS	1150 Lake Hearn Drive Ste 640	43 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Ga 30342	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-98

404-256-7580

CR2E034 (10/97)