

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90002 020 ***150.00

DOCUMENT # F97000006461

1. Corporation Name

PHYSICIANS MANAGEMENT CORPORATION OF AMERICA

Principal Place of Business

4200 INNSLAKE DRIVE
GLEN ALLEN VA 23060

Mailing Address

P.O. BOX 85058
RICHMOND VA 23285-5058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1997

4. FEI Number

52-1658599

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 PCEO ☐ DELETE
NAME KELLEY, JUDY A
STREET ADDRESS 4200 INNSLAKE DRIVE
CITY-ST-ZIP GLEN ALLEN VA 23060

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME DAVIS, RONALD K MD
STREET ADDRESS 417 LIBBIE AVENUE
CITY-ST-ZIP RICHMOND VA 23226

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VC ☐ DELETE
NAME FARLEY, EMERSON D JR
STREET ADDRESS 5855 BREMO ROAD, SUITE 101
CITY-ST-ZIP RICHMOND VA 23225

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME MCDOWELL, CHARLES L MD
STREET ADDRESS 7650 EAST PARHAM ROAD
CITY-ST-ZIP RICHMOND VA 23294

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME BLAND, RICHARD W.E. ESQ
STREET ADDRESS 700 EAST MAIN STREET, SUITE 1015
CITY-ST-ZIP RICHMOND VA 23219

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PE ☐ DELETE
NAME MCLEAN, GORDON D
STREET ADDRESS 125 WAREHAM'S POINT
CITY-ST-ZIP WILLIAMSBURG VA 23185-8914

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(804) 747-8600

Daytime Phone #

CR2E034 (11/98)