2002 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2002 8:00 am Secretary of State DOCUMENT,# F97000006461 1. Entity Name PHYSICIANS MANAGEMENT CORPORATION OF AMERICA 05-09-2002 90046 007 ***150.00 Principal Place of Business Mailing Address 4200 INNSLAKE DRIVE P.O. BOX 85058 GLEN ALLEN VA 23060 C/O/ TAX DEPARTMENT RICHMOND VA 23285-5058 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1658599 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) --1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ## SY State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCEO : 1 TO TO THE Delete TITLE ☐ Change ☐ Addition NAME KELLEY, JUDY A NAME STREET ADDRESS 4200: INNSLAKE DRIVE STREET ADDRESS CITY-ST-ZIP GLEN: ALLEN: VA: 23060 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DAVIS, RONALD K MD-NAME STREET ADDRESS 417 LIBBIE AVENUE STREET ADDRESS CITY-ST-ZIP RICHMOND VA 23226 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME: FARLEY, EMERSON DUR NAME STREET ADDRESS 5855 BREMO ROAD, SUITE 101 STREET ADDRESS CITY-ST-ZIP RICHMOND VA 23226 CITY-ST-ZIP TITLE ☐ Delete Change Addition Director NAME MCDOWELL, CHARLES L MD NAME secretary STREET ADDRESS 6425 ROSELAWN RD STREET ADDRESS CITY-ST-ZIP **RICHMOND VA 23226** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME BLAND, RICHARD W.E. ESQ. NAME STREET ADDRESS 700 EAST MAIN STREET, SUITE 1015 STREET ADDRESS CITY-ST-7IP RICHMOND VA 23219 CITY-ST-ZIP TITLE EVP . ☐ Ďelete TITLE Change ☐ Addition PATTERSON, KENNETH R NAME NAME STREET ADDRESS 4200 INNSLAKE DR. STREET ADDRESS CITY-ST-ZIP GLEN ALLEN VA 23060 CITY-ST-ZIP

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 | SIGNATURE | SIGNATURE | Date | Date

Physicians Management Corporation

2000/2001

786694

Officers

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Physicians Management Corporation

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Physics

7869

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