


FILED
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Secretary of State

04-19-1999 90001 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006296

1. Corporation Name
PHC ANCILLARY SERVICES, INC.



Principal Place of Business 990 HAMMOND DR., BLDG. ONE, STE. 840 ATLANTA GA 30328	Mailing Address 990 HAMMOND DR., BLDG. ONE, STE. 840 ATLANTA GA 30328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	11/16/1998	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300		4. FEI Number	
City & State		City & State		58-2345360	
Zip		Zip		Applied For	
24	25	29	30	Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SAPP, D. JEFFERY
 303 EAST PAR ST.
 ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name	SHAMUS HOLT	
82 Street Address (P.O. Box Number is Not Acceptable)	3885 ORLWATER CIRCLE	
83		
84 City	ORLANDO	85 Zip Code 32804

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 Shamus Holt (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	P
NAME	RIBAUDO, J. MICHAEL	1.2 NAME	J. MICHAEL RIBAUDO
STREET ADDRESS	990 HAMMOND DR., BLDG. ONE, STE. 840	1.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300
CITY-ST-ZIP	ATLANTA GA 30328	1.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	D	2.1 TITLE	DVI
NAME	GARVIN, SARAH	2.2 NAME	SARAH C. GARVIN
STREET ADDRESS	990 HAMMOND DR., BLDG. ONE, STE. 840	2.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300
CITY-ST-ZIP	ATLANTA GA 30328	2.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	V	3.1 TITLE	T
NAME	BLOCK, PEGGY	3.2 NAME	GARY RASMUSSEN
STREET ADDRESS	990 HAMMOND DR., BLDG. ONE, STE. 840	3.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300
CITY-ST-ZIP	ATLANTA GA 30328	3.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	S	4.1 TITLE	VS
NAME	RODGERS, TOM	4.2 NAME	T. THOMAS M. RODGERS, JR
STREET ADDRESS	990 HAMMOND DR., BLDG. ONE, STE. 840	4.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300
CITY-ST-ZIP	ATLANTA GA 30328	4.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE		5.1 TITLE	ASST S
NAME		5.2 NAME	DARCEE A. DEUPREE, ESQ
STREET ADDRESS		5.3 STREET ADDRESS	990 HAMMOND DR. SUITE 300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Darcee A. Deupree, Esq 3/30/99 770/225-1058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)