

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006296

1. Entity Name  
PHC ANCILLARY SERVICES, INC.

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90087 012 \*\*\*150.00

Principal Place of Business  
990 HAMMOND DR. BLDG. ONE  
SUITE 300  
ATLANTA GA 30328

Mailing Address  
990 HAMMOND DR. BLDG. ONE  
SUITE 300  
ATLANTA GA 30328

00030700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2345360

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
FORT LAUDERDALE FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GARVIN, SARAH  
STREET ADDRESS 990 HAMMOND DRIVE SUITE 300  
CITY-ST-ZIP ATLANTA GA 30328

☒ Delete

TITLE President + Director  
NAME Charles E. Sweet  
STREET ADDRESS 990 Hammond Drive Suite 300  
CITY-ST-ZIP Atlanta, GA 30328

☐ Change ☒ Addition

TITLE T  
NAME RHOTON, C D  
STREET ADDRESS 990 HAMMOND DR., SUITE 300  
CITY-ST-ZIP ATLANTA GA 30328

☒ Delete

TITLE Secretary  
NAME Charles E. Sweet  
STREET ADDRESS 990 Hammond Dr. # 300  
CITY-ST-ZIP Atlanta, GA 30328

☐ Change ☒ Addition

TITLE VS  
NAME RODGERS, THOMAS M  
STREET ADDRESS 990 HAMMOND DR., SUITE 300  
CITY-ST-ZIP ATLANTA GA 30328

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS  
NAME MATILSKY, ALAN H  
STREET ADDRESS 990 HAMMOND DR., SUITE 300  
CITY-ST-ZIP ATLANTA GA 30328

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Charles E. Sweet President 3/23/01 (770) 673-1964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)