

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002456

1. Entity Name

PHC PHYSICIAN HEALTH CORPORATION

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

Mailing Address  
990 HAMMOND DR., SUITE 300  
ATLANTA GA 30328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HOLT, SHAMUS  
3885 OAKWATER CIRCLE  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP SARAH COOPER GARVIN 990 HAMMOND DR., SUITE 300 ATLANTA GA 30328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DAVID C. RHOTON 990 HAMMOND DR., SUITE 300 ATLANTA GA 30328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP JOSEPH MICHAEL RIBAUDO 990 HAMMOND DR., SUITE 300 ATLANTA GA 30328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS THOMAS MALIN RODGERS, JR. 990 HAMMOND DR., SUITE 300 ATLANTA GA 30328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sarah C. Garvin 11 Ridgemere Trace Atlanta, GA 30328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director C. David Rhoton 990 Hammond Dr., Ste 300 Atlanta, GA 30328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Peter Wall 990 Hammond Drive, Ste. 300 Atlanta, GA 30328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles Stokes 990 Hammond Drive, Ste. 300 Atlanta, GA 30328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anthony Whitehead 990 Hammond Drive, Ste. 300 Atlanta, GA 30328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Alan H. Matitsky 990 Hammond Drive, Ste. 300 Atlanta, GA 30328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*Alan H. Matitsky*  
Secretary

9/12/00

(770) 673-1964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 15, 2000 8:00 am  
Secretary of State

09-15-2000 90050 001 \*2,200.00



DO NOT WRITE IN THIS SPACE

Doc# F99000002456  
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Physician Health Corporation DIRECTORS as of 7/13/00	
C. David Rhoton, Chair	Todd McCuaig
Physician Health Corporation	National City Venture Corporation
990 Hammond Drive, Suite 300	1900 East 9th Street
Atlanta, GA 30328	Cleveland, OH 44114
Michael F. Cronin	David Ellis, Ph.D.
Weston Presidio Capital	EGL Holdings
One Federal Street, 21 <sup>st</sup> Floor	3495 Piedmont Road, Suite 412
Boston, MA 02110	Atlanta, GA 30305
Al DiStefano, M.D.	Kevin Hayes
Arlington Cancer Center	Weston Presidio Capital II, LP
906 West Randol Mill Road	One Federal Street, 21st Floor
Arlington, TX 76012	Boston, MA 02110
Sarah C. Garvin	
11 Ridgemere Trace	
Atlanta, GA 30328	