FILED 2007 FOR PROFIT CORPORATION Jan 31, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P00000074428 1. Entity Name PHC - CRESTVIEW, INC. Principal Place of Business Mailing Address 909 GARDENGATE CIRCLE 1849 FIRST AVENUE EAST PENSACOLA, FL 32504 CRESTVIEW, FL 32539 No Chg-P CR2E034 (11/05) 01212007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3670286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 5. Name and Address of Current Registered Agent HOFFMAN, LINDA A DO NOT WRITE % EMMANUEL, SHEPPARD & CONDO 30 S. SPRING STREET IN THIS SPACE PENSACOLA, FL 32502 . 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (*IOTE Registered Agent signature required when reinstalling) DATE Signature typed or primed game of repistered agent and tide if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 **OFFICERS AND DIRECTORS** 10. TITLE ATES, CATHERINE A NAME STREET ADDRESS 909 GARDENGATE CIRCLE CITY-ST-ZIP PENSACOLA, FL 32504 TITLE ELLIS, GREGORY A NAME HEMMO613976 909 GARDENGATE CIRCLE STREET ADDRESS 42/06/07-80003-003 150.00 PENSACOLA, FL 32504 CITY-ST-7IP MILE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SY: 4

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850 479 . 1-17

Daytime Phone #

LERCHET A. ELLS