

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90123 024 ***150.00

DOCUMENT # P02047

1. Entity Name
FHC HEALTH SYSTEMS, INC.

Principal Place of Business 240 CORPORATE BLVD NORFOLK VA 23502	Mailing Address 240 CORPORATE BLVD NORFOLK VA 23502
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617127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 54-1230110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, REBECCA H	
STREET ADDRESS	240 CORPORATE BLVD.	
CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	IRBY, EDWARD C	
STREET ADDRESS	1203 GATES AVE	
CITY-ST-ZIP	NORFOLK VA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOZORETZ, BETH	
STREET ADDRESS	8408 OCEAN FRONT	
CITY-ST-ZIP	VIRGINIA BCH VA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NUSS, GLORIA J.	
STREET ADDRESS	605 GLENROSE CT	
CITY-ST-ZIP	CHESAPEAKE VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald I. Dozoretz, M.D.	
STREET ADDRESS	240 Corporate Blvd	
CITY-ST-ZIP	Norfolk, VA 23502	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas E. Oram	
STREET ADDRESS	240 Corporate Blvd	
CITY-ST-ZIP	Norfolk, VA 23502	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Rebecca H. White* **Rebecca H. White** Date (752) 459-5439 Daytime Phone #

CR2E034 (10/00)