

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90329 017 \*\*\*150.00

<b>DOCUMENT # P02047</b> 1. Entity Name <b>FHC HEALTH SYSTEMS, INC.</b>					
Principal Place of Business <b>240 CORPORATE BLVD —</b> <b>NORFOLK, VA 23502</b>			Mailing Address <b>240 CORPORATE BLVD —</b> <b>NORFOLK, VA 23502</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>54-1230110</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div style="width: 30%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> <b>\$5.00 May Be</b>  <b>Added to Fees</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, REBECCA H 240 CORPORATE BLVD. NORFOLK, VA 23502	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IRBY, EDWARD C 1203 GATES AVE NORFOLK, VA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MICHAEL A 240 CORPORATE BLVD. NORFOLK, VA 23502	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NUSS, GLORIA J. 605 GLENROSE CT CHESAPEAKE, VA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOZORETZ, RONALD I 240 CORPORATE BLVD NORFOLK, VA 23502	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORAM, THOMAS E 240 CORPORATE BLVD NORFOLK, VA 23502	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> <b>Rebecca H. White, Secretary</b> </div> <div style="width: 20%;"> <b>3/17/05</b>  <small>Date</small> </div> <div style="width: 20%;"> <b>757-459-5100</b>  <small>Daytime Phone #</small> </div> </div>					

**50037884**



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