FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26423** **(4)**

1. Corporation Name
PHP HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
4900 SEMINARY ROAD 12TH FLOOR ALEXANDRIA VA 22311	4900 SEMINARY ROAD 12TH FLOOR ALEXANDRIA VA 22311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 11440 Commerce Park Drive
Suite, Apt. #, etc.
22 3rd Floor
City & State
23 Reston, VA
Zip 24 22091 Country 25

2a. Mailing Address
26 11440 Commerce Park Drive
Suite, Apt. #, etc.
27 3rd Floor
City & State
28 Reston, VA
Zip 29 22091 Country 30

4. FEI Number: 54-1023168 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	ROBBINS, CHARLES H.	12 NAME		
STREET ADDRESS	4900 SEMINARY ROAD	13 STREET ADDRESS	11440 Commerce Park Drive	
CITY-ST-ZIP	ALEXANDRIA VA	14 CITY-ST-ZIP	Reston, VA 22091	
TITLE	VD	21 TITLE	Exec V.P.,Treasurer,Director	☒ Change ☐ Addition
NAME	STARR, MICHAEL D.	22 NAME	Starr, Michael D.	
STREET ADDRESS	4900 SEMINARY ROAD	23 STREET ADDRESS	11440 Commerce Park Drive	
CITY-ST-ZIP	ALEXANDRIA VA	24 CITY-ST-ZIP	Reston, VA 22091	
TITLE	D	31 TITLE	Sen Exec V.P., Director	☒ Change ☐ Addition
NAME	MAZUR, JACK M.	32 NAME	Mazur, Jack M.	
STREET ADDRESS	4900 SEMINARY RD 12TH FL	33 STREET ADDRESS	11440 Commerce Park Drive	
CITY-ST-ZIP	ALEXANDRIA VA	34 CITY-ST-ZIP	Reston, VA 22091	
TITLE	TD	41 TITLE	Sen V.P., Director	☐ Change ☒ Addition
NAME	STARR, MICHAEL D.	42 NAME	Julien J. Lavoie	
STREET ADDRESS	4900 SEMINARY ROAD	43 STREET ADDRESS	11440 Commerce Park Drive	
CITY-ST-ZIP	ALEXANDRIA VA	44 CITY-ST-ZIP	Reston, VA 22091	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MTHEWS, JOSEPH P	52 NAME	Mathews, Joseph G.	
STREET ADDRESS	1000 LAKE ST LOUIS BLVD SUITE 224	53 STREET ADDRESS		
CITY-ST-ZIP	LAKE ST LOUIS MO 63367	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CUZMANES, PAUL T.	62 NAME		
STREET ADDRESS	250 W PRATT ST	63 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21201	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0495427 FN