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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
PHP HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
11440 COMMERCE PARK DRIVE RESTON VA 22091 US	11440 COMMERCE PARK DRIVE RESTON VA 20191-1544 US

3. Date Incorporated or Qualified: **10/12/1989**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24): 20191 Country (25) Zip (29) 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	CEOD	☒ DELETE	1.1 TITLE	Chairman, Director	☐ Change ☒ Addition
NAME	ROBBINS, CHARLES H.		1.2 NAME	Charles P. Reilly	
STREET ADDRESS	11440 COMMERCE PARK DRIVE		1.3 STREET ADDRESS	2049 Century Park E., Suite 3330	
CITY-ST-ZIP	RESTON VA 22091		1.4 CITY-ST-ZIP	Los Angeles, CA 90067	
TITLE	V/D	☐ DELETE	2.1 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	STARR, MICHAEL D.		2.2 NAME	Michael D. Starr	
STREET ADDRESS	11440 COMMERCE PARK DRIVE		2.3 STREET ADDRESS	11440 Commerce Park Dr.	
CITY-ST-ZIP	RESTON VA 22091		2.4 CITY-ST-ZIP	Reston, VA 20191	
TITLE	P/D	☐ DELETE	3.1 TITLE	President & CEO	☒ Change ☐ Addition
NAME	MAZUR, JACK M.		3.2 NAME	Jack M. Mazur	
STREET ADDRESS	11440 COMMERCE PARK DRIVE		3.3 STREET ADDRESS	11440 Commerce Park Dr.	
CITY-ST-ZIP	RESTON VA 22091		3.4 CITY-ST-ZIP	Reston, VA 20191	
TITLE	V/D	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	LAVOIE, JULIEN J.		4.2 NAME	Robert L. Bowles	
STREET ADDRESS	11440 COMMERCE PARK DRIVE		4.3 STREET ADDRESS	820 First St., N.E., Suite LL-100	
CITY-ST-ZIP	RESTON VA 22091		4.4 CITY-ST-ZIP	Washington, DC 20002-4205	
TITLE	D	☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	MATHEWS, JOSEPH G.		5.2 NAME	Joseph G. Mathews	
STREET ADDRESS	1000 LAKE ST LOUIS BLVD SUITE 224		5.3 STREET ADDRESS	3510 Highway O	
CITY-ST-ZIP	LAKE ST LOUIS MO 63367		5.4 CITY-ST-ZIP	Wright City, MO 63390	
TITLE	D	☐ DELETE	6.1 TITLE	Exec. V.P., CFO	☐ Change ☒ Addition
NAME	CUZMANES, PAUL T.		6.2 NAME	Anthony M. Picini	
STREET ADDRESS	250 W PRATT ST		6.3 STREET ADDRESS	11440 Commerce Park Dr.	
CITY-ST-ZIP	BALTIMORE MD 21201		6.4 CITY-ST-ZIP	Reston, VA 20191	

CR2E034 (9/96)

14. I do 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 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 address.

SIGNATURE: Anthony M. Picini, Exec. V.P, CFO 03/17/97 (703)758-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000020B