

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P26423** (4)
1. Corporation Name
PHP HEALTHCARE CORPORATION

Principal Place of Business 11440 COMMERCE PARK DRIVE RESTON VA 22091 US	Mailing Address 11440 COMMERCE PARK DRIVE RESTON VA 22091 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 20191 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 20191 Country		3. Date Incorporated or Qualified 10/12/1989	
24		29		4. FEI Number 54-1023168	
25		30		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		10. Name and Address of New Registered Agent		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	REILLY, CHARLES P.
STREET ADDRESS	2049 CENTURY PARK E., SUITE 3330
CITY-ST-ZIP	LOS ANGELES CA
TITLE	VPD <input type="checkbox"/> DELETE
NAME	STARR, MICHAEL D.
STREET ADDRESS	11440 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON VA
TITLE	PCEO <input type="checkbox"/> DELETE
NAME	MAZUR, JACK M.
STREET ADDRESS	11440 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON VA
TITLE	D <input type="checkbox"/> DELETE
NAME	BOWLES, ROBERT L
STREET ADDRESS	820 FIRST ST., NE SUITE LL-100
CITY-ST-ZIP	WASHINGTON DC
TITLE	D <input type="checkbox"/> DELETE
NAME	MATHEWS, JOSEPH G.
STREET ADDRESS	3510 HIGHWAY O
CITY-ST-ZIP	WRIGHT CITY MO
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	OUZMANES, PAUL T.
STREET ADDRESS	250 W PRATT ST
CITY-ST-ZIP	BALTIMORE MD 21201
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Executive V.P., CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anthony M. Picini
1.3 STREET ADDRESS	11440 Commerce Park Dr.
1.4 CITY-ST-ZIP	Reston, VA 20191
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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  Exec. V.P., CFO 04/17/98 (703)758-3600

CR2E034 (10/97)