

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90026 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29643

1. Corporation Name
PHC FUNDING CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**515 W. GREENS ROAD
SUITE 800
HOUSTON TX 77067**

Mailing Address
**515 W. GREENS ROAD
SUITE 800
HOUSTON TX 77067**

3. Date Incorporated or Qualified

06/06/1990

4. FEI Number

95-4259670

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

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	DP	<input type="checkbox"/> DELETE
NAME	MILLER, CHARLES R	
STREET ADDRESS	515 W GREENS RD STE 80	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	VAN DEVENDER, JAMES G	
STREET ADDRESS	515 W GREENS RD, STE 800	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PATTERSON, RONALD R	
STREET ADDRESS	515 W GREENS RD, SUITE 800	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	FRANKOVICH, DEBORAH H	
STREET ADDRESS	515 W GREENS ROAD, STE 800	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	MISKIN, SUZANNE S	
STREET ADDRESS	515 W GREENS RD, STE 800	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	URIBIES, FRANK A	
STREET ADDRESS	515 W GREENS, SUITE 800	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry Humphrey	
1.3 STREET ADDRESS	515 W. Greens Road	
1.4 CITY-ST-ZIP	Houston TX 77067	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-99 281-774-5100

CR2E034 (11/98)