

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

pg. 1062

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
97 JUN 10 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32370**
1. Corporation Name
PHC Orlando Limited, Inc.

Principal Place of Business Mailing Address
825 NE Multnomah St. 825 NE Multnomah St.
Suite 775 Suite 775
Portland, OR 97232 Portland, OR 97232

3. Date Incorporated or Qualified **01/03/91** 3a. Date of Last Report **04/26/96**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	93-1045053	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South 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	President & Director	<input type="checkbox"/> DELETE
NAME	Craig N. Longfield	
STREET ADDRESS	825 NE Multnomah St., Ste 775	
CITY-ST-ZIP	Portland, OR 97232	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Michael C. Henderson	
STREET ADDRESS	825 NE Multnomah St., Ste 775	
CITY-ST-ZIP	Portland, OR 97232	
TITLE	VP & Managing Director	<input type="checkbox"/> DELETE
NAME	Thomas J. Kemper	
STREET ADDRESS	825 NE Multnomah St., Ste 775	
CITY-ST-ZIP	Portland, OR 97232	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	William E. Peressini	
STREET ADDRESS	825 NE Multnomah St., Ste 775	
CITY-ST-ZIP	Portland, OR 97232	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	George C. Schreck	
STREET ADDRESS	825 NE Multnomah St., Ste 775	
CITY-ST-ZIP	Portland, OR 97232	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Charles A. Park	
STREET ADDRESS	825 NE Multnomah St., Ste 775	
CITY-ST-ZIP	Portland, OR 97232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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*****1100.00 *****550.00**

[Handwritten Signature]

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: *[Handwritten Signature]* **J. T. Pendergraft**

5/21/97

(503) 797-7200

CR2E034 (9/96)

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EXHIBIT A

PHC ORLANDO LIMITED, INC.

P32370 (9)

Vice President

Controller

Assistant Treasurer

Assistant Treasurer

Assistant Secretary

Assistant Secretary

Assistant Secretary

Reynold Roeder

Peter J. Craven

Bruce N. Williams

John F. Fryer

Sally A. Nofziger

Lenore M. Martin

J.T. Pendergraft

ADDRESS FOR ABOVE OFFICERS:

**825 NE Multnomah Street, Suite 775
Portland, OR 97232**