## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2000 8:00 am Secretary of State DOCUMENT # P93000022425 PHY CORPORATION 05-11-2000 90327 039 \*\*\*150.00 Mailing Address Frincipal Place of Business 5258 LINTON BLYD LINION BLVD SHITE 205 **WELRAY BEAGE 71. 33484-6529** ACTL EL 23484 3. Mailing Address 950 Principal Place of Business 950 Glades Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0417642 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent === Name and Address of Current Registered Agent Name WILLIAM G. SALIM JR. Street Address (P.O. Box Number is Not Acceptable) 800 CORPORATE DR **STE 510** FORT LAUDERDALE FL 33334 Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 (66/6)☐ Change Addition D TITL F ☐ Delete HILE GRAHAM, PHYLLIS C NAME CR2E034 5258 LINTON BLVD SUITE 205 STREET ADDRESS Surv. I ADDRESS T ST-ZIP **DELRAY BEACH FL 33484** CITY-ST-ZIP ☐ Change Addition Delete DULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\_ TEST ZIP ☐ Change ☐ Addition HILL ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTT: ST.ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS SUBSECT ADDRESS CITY-ST-ZIP -- ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS PIREET VOORESS CITY-ST-ZIP - ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE HILE NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP i3. 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 report or supplemental 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 11 or Block 12 if

**FILED**