FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000064555 (4)**

1. Corporation Name

PHOENIX HEALTHCARE MANAGEMENT, INC.

Principal Place of Business

500 WINDERLEY PLACE
SUITE #112
MAITLAND FL 32751

Mailing Address

500 WINDERLEY PLACE
SUITE #112
MAITLAND FL 32751

3. Date Incorporated or Qualified: **09/16/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

4. FEI Number: **59-3212863** — 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

LICHTER, HUGH A
500 WINDERLEY PLACE, SUITE 112
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Guillermo P. Regaspi
82 Street Address (P.O. Box Number is Not Acceptable): 500 Winderley Place, Ste 112
83
84 City: Maitland FL 85 Zip Code: 32751

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: Guillermo P. Regaspi, Guillermo P. Regaspi, CFO, 2-7-96
Signature of the President or Other Officer / Print Name / Registered Agent signature required if other than resigning / DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	LICHTER, HUGH A	
STREET ADDRESS	500 WINDERLEY PLACE, SUITE 112	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	☐ DELETE
NAME	VARGA, JIM	
STREET ADDRESS	500 WINDERLEY PLACE, SUITE 112	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	☑ DELETE
NAME	HAGHGOU, ROBERT A	
STREET ADDRESS	500 WINDERLEY PLACE, SUITE 112	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DP	☑ DELETE
NAME	SCHINDLER, LAWRENCE	
STREET ADDRESS	500 WINDERLEY PLAZE SUITE 112	
CITY-ST-ZIP	MAITLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☑ Addition
1.2 NAME	Guillermo P. Regaspi	
1.3 STREET ADDRESS	500 Winderley Place, Ste 112	
1.4 CITY-ST-ZIP	Maitland, FL 32751	
2.1 TITLE	D	☐ Change ☑ Addition
2.2 NAME	Lisa Ford Regaspi	
2.3 STREET ADDRESS	500 Winderley Place, Ste 112	
2.4 CITY-ST-ZIP	Maitland, FL 32751	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	Victoria Ward	
3.3 STREET ADDRESS	500 Winderley Place, Ste 112	
3.4 CITY-ST-ZIP	Maitland, FL 32751	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Guillermo P. Regaspi — 2-07-96 — (407) 660-1144, ext 103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #