FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 22 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087100 (2)

1. Corporation Name
PHC PARTNERS, INC.

Principal Place of Business	Mailing Address
4602-C N ARMENIA AVE TAMPA FL 33603 US	352 UNIVERSITY AVE WESTWOOD MA 02090 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3223578 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLE, LYNN
101 E. KENNEDY BLVD.
SUITE 1240
TAMPA FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	HAINES, JAMES	1.2 NAME	Haines, James	
STREET ADDRESS	%352 UNIVERSITY AVE.	1.3 STREET ADDRESS	c/o 352 University Ave	
CITY-ST-ZIP	WESTWOOD MA 02090	1.4 CITY-ST-ZIP	Westwood, MA 02090	
TITLE	D	2.1 TITLE	DC	☒ Change ☐ Addition
NAME	CALLOW, A. DANA	2.2 NAME	A. Dana Callow	
STREET ADDRESS	%75 SCHOOL ST.	2.3 STREET ADDRESS	c/o 45 School Street	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	Boston, MA	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	HARDER, SHARON	3.2 NAME		
STREET ADDRESS	%1919 S. HIGHLAND AVE., SUITE 100-C	3.3 STREET ADDRESS	c/o 352 University Avenue	
CITY-ST-ZIP	LOMBARD IL 60147	3.4 CITY-ST-ZIP	Westwood, MA	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SPENCER, GEORGE	4.2 NAME		
STREET ADDRESS	%75 SCHOOL ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	DT	☐ Change ☒ Addition
NAME		5.2 NAME	Stephen T. Barry	
STREET ADDRESS		5.3 STREET ADDRESS	c/o 352 University Ave	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Westwood, MA 02090	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: James B. Haines 3/16/95 (617) 320-0800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0403641 FN