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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000087100

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	

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 038 \*\*\*450.00



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4602-C N ARMENIA AVE TAMPA FL 33603 US  352 UNIVERSITY AVE WESTWOOD MA 02090 US				DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE		
<u></u>				12/20/1993		r	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	_	Applied For	
21	26			<u>59-3223578</u>		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional e Required	
	City & State			6Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip Country	Zip Cou	intry		8. This corporation owes the current year In Personal Property Tax.	ntangible Yes	□No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
WEINBREN, DON B ESQ		81	Name				
2700 BARNETT PLAZA		82	2 Street Address (P.O. Box Number is Not Acceptable)				
101 EAST KENNEDY BLVD.		83				-	
TAMPA FL 33602		84	,	F		Zip Code	
11. Pursuant to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes, the a	bove	e-named corporat	ion submits this statement for the purpose of	of changin	g 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE     Signature. Spreadure of progistered agent and site if application. (MOTE. Respitate of Agent signature required when relination(n)   DATE	agent. I a	in landinar with, and accept the congenions of, cochon corner	, , , , , , , , , , , , ,	0.0				
TITLE DC   DELETE   1.1 TITLE   CALLOW, A. DANA   1.2 NAME   CALLOW, A. DANA   1.3 STREET ADDRESS   C/O. 45 SCHOOL STSREET   1.3 STREET ADDRESS   CITY-ST-ZIP   BOSTON MA   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   CANAGE	SIGNATURE	Signature, broad or printed name of registered agent and title if applicable	(NOTE, Reg	istered Agent signature re	equired when reinstating)	DATE		
TITLE DC DC DELETE 1.1 TITLE   Change   Addition   NAME CALLOW, A. DANA   12 NAME   STREET ADDRESS   C/O 45 SCHOOL STSREET   BOSTON MA						ICERS AND DIRECTOR	RS AND DIRECTORS IN 12	
NAME STREET ADDRESS CITY-ST-ZPP BOSTON MA  CITY-ST-ZPP BORNON MA  DP DP DELETE STREET ADDRESS CITY-ST-ZPP NAME BARRY, STEPHEN T. C/O 352 UNIVERSITY AVE. WESTWOOD MA  DELETE 31 TITLE CITY-ST-ZPP CITY-ST-ZPP  TITLE AMME STREET ADDRESS CITY-ST-ZPP TITLE AMME STRE		DC DEL	LETE	1.1 TITLE		☐ Change	☐ Addition	
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CITY_ST-ZP  BOSTON MA	STREET ADDRESS			1.3 STREET ADDRESS				
TITLE   DP	CITY-ST-ZIP			1.4 CITY-ST-ZIP				
STREET ADDRESS   C/O 352 UNIVERSITY AVE.   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   Change   Addition			LETE	2.1 TITLE		☐ Change	☐ Addition	
STREET ADDRESS   C/O 352 UNIVERSITY AVE.   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   Change   Addition	NAME	BARRY, STEPHEN T.		2.2 NAME				
TITLE	STREET ADDRESS		1	2.3 STREET ADDRESS				
TITLE	CITY-ST-ZIP	WESTWOOD MA		2.4 CITY-ST-ZIP				
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP	TITLE		LETE	3.1 MTLE		Change ~	☐ Addition	
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A CITY-ST-ZIP	NAME		l	4. 2 NAME			!	
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STREET ADDRESS 6.3 STREET ADDRESS	TITLE	□ DEI	LETE			∐ Change		
STREET NUMBERS	NAME			1				
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS							
14. Thereby 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					11 0 11 140 07/0V2 FI-11- 01 1 1 1	E. 146. 2 - 148. 26. 26. 26. 16. 16. 16. 16. 16. 16. 16. 16. 16. 1		

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I hinter 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 THEO OF PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

781-320-0800