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 MAY -1 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048651 (1)

1. Corporation Name
PHC PARTNERS II, INC.

Principal Place of Business	Mailing Address
3505 FRONTAGE RD. TAMPA FL 33601	3505 FRONTAGE RD. TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report: N/a

2. Principal Place of Business	2a. Mailing Address
21 4602-C N. Armenia Ave.	26 4602-C N. Armenia Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL	28 City & State: Tampa FL
24 Zip: 33603 25 County: Hillsborough	29 Zip: 33603 30 County:

4. FEI Number: 59-2650556 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HAINES, JAMES	1.2 NAME	
STREET ADDRESS	C/O 352 UNIVERSITY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD MA 02090	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CALLOW, A D	2.2 NAME	
STREET ADDRESS	C/O 75 SCHOOL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HARDER, SHARON	3.2 NAME	
STREET ADDRESS	C/O 1919 S. HIGHLAND AVE., SUITE 100-C	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOMBARD IL 60147	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SPENCER, GEORGE	4.2 NAME	
STREET ADDRESS	C/O 75 SCHOOL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	STEVE BA	5.2 NAME	Steve 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: Steve Barry 4/28/95 (617) 320-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0292078 CP