

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091388

1. Entity Name

PHYMATRIX MANAGEMENT COMPANY, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90059 046 \*\*\*150.00

Principal Place of Business

Mailing Address

777 S. FLAGLER DRIVE  
SUITE 1000 E.  
WEST PALM BEACH FL 33401

777 S. FLAGLER DRIVE  
SUITE 1000 E.  
WEST PALM BEACH FL 33401-6152

2. Principal Place of Business

3801 PGA Boulevard

3. Mailing Address

10 Dorrance Street

Suite, Apt. #, etc.

Suite 901

Suite, Apt. #, etc.

Suite 400

City & State

Palm Beach Gardens FL

City & State

Providence RI

Zip

33410

Country

US

Zip

02903

Country

US

4. FEI Number

65-0544782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GOSMAN, ABRAHAM D. 777 S. FLAGLER DRIVE, STE 1000E WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEATHERS, FREDERICK R 777 S. FLAGLER DRIVE, STE 1000E WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUMANN, DENISE 777 S. FLAGLER DRIVE, STE 1000E WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GARDNER, GREG 777 S FLAGER DR STE 1000E WEST PALM BEACH F;	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President/Director Michael T. Heffernan 10 Dorrance St., Suite 400 Providence, RI 02903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/VP John Wardle 10 Dorrance St., Suite 400 Providence RI 02903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Treasurer Gary S. Gillheaney 10 Dorrance St., Suite 400 Providence, RI 02903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary Veronica A. Barrett, Esq. 10 Dorrance St., Suite 400 Providence, RI 02903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Daguyen T. Nguyen 3801 PGA Blvd, Suite 901 Palm Beach Gardens FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

401-831-6755

Daytime Phone #

CR2E034 (9/99)