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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9500004536 (5)

SIRCHANCE LEASING CORP.

Princi	pal	Plac	e of	Business
	_			

SUITE 1000 E.

Mailing Address

777 S. FLAGLER DRIVE SUITE 1000 E.

FILED May 13 1997 8:00am Secretary of State



WEST PALM	BEACH FL 33402		WEST PALM BEACH FL	L 33401-616	31			3. Date Incorpc 01/17/199	orated or Qualified		te of Last 01/1996	
2. Principal I	Place of Business	S	2a. Mailing Address					4. FEI Number		00/		Applied For
21		26				65-0552	810			lot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.								Additional		
22 Chu & Stato		27				Certificate of	Status Desired			Required		
	ite		City & State					6. Election Cam	paign Financing		\$5.00	May Be
23			28					Trust Fund C	ontribution			l to Fees
Zip	ļ	Country 1	Zip		untry				tion has liability for			s. 199.032,
24	9 Name an	d Address of Curren	29	30	т			Florida Statu	les Iddress of New Ro		_ No	
HII	INT, THOMAS		t negistered Agent		81	Name	•	IV. Name and A	doress of New He	egisterea A	agent	
	7 S. FLAGLER											
	ITE 1000 E.	DINAC			82	Street	Addres	s (P.O. Box Num	per is Not Accepta	ble)		
	ST PALM BEA	CH FL 33402			83			······································	***************************************			
****		01112 00 102										
					84	City				FI	85 Zip	Code
11. Pursuant	to the provision	s of Sections 607 050	2 and 607.1508, Florida Stat	tutos the	above 1	-named	COTOO	ration submite this	statement for the	DUIDOGO OF	obonoino	ito sociatososi
DITICE OF	rodisiorod adeni	or boin in the State.	of Florida. Such change wa ations of, Section 607.0505,	is authoriza	or hu	the cor	poratio	n's board of direct	tors. I hereby acce	pt the appo	changing bintment a	ns registered s registered
	am rammar wim,	and accept the obliga	itions of, Section 607.0505,	Florida Sta	alulos	3.						
SIGNATURE	Signature, lypod or p	rinted name of registered age	ol and little if applicable (N	NOTE Register	ed Age	of signature	required	when reinstaling)		DATE.		
12.		OFFICERS AND		13.					HANGES TO OFFI		DIRECTO	RS IN 12
TITLE	PD		☐ D£LETE	1.1	ITLE		A S				☐ Change	Addition
NAME	GOSMAN, A			1.2 !	MAM			mas P. H	unt			
STREET ADDRESS		I COUNTY ROAD		1.3 5	STREET	ADDRESS	7 7	25. Plack	or ; suite	1000	ستا	
CITY-ST-ZIP	PALM BEAC	H FL		1.4 0	CITY-S	T - Z (P	م س	ST Palm	Beach	FL 3	1402	
TITLE	VS		DELETE	2.1	ITLE			······································			Change	Addition
NAME	CLARY, JAN			2.21	IAME							
STREET ADDRESS	197 FIRST			2.3 \$	STREET	ADDRESS						
CITY-ST-ZIP	NEEDHAM I	MA		2.4	CHY-S	51 - ZIP						
TITLE	10		☐ OFLETE	3.1	TILE						Change	Addition
NAME	BIRON, DAN			3.21	IAME							
STREET ADDRESS		COUNTY ROAD		3.3 3	STREET	ADDRESS						
CITY-ST-ZIP	PALM BEAC	XH FL		3.4.	CITY-S	1 - ZIP						
TITLE			DELETE	4.1 1	TILE						Change	Addition
NAME				4.2	NAME							
STREET ADDRESS				4.3 9	STREET	ADDRESS -						
CITY-ST-ZIP	ļ	· · · · · · · · · · · · · · · · · · ·		4.4 (OTY-S	1 - ZIP						
TITLE	1		☐ DELETE	511	MLE						Change	Addition
NAME				521	IAME							
STREET ADDRESS				535	STREET	address						
CITY-ST-ZIP				540	HTY-SI	1 - ZIP	. <u></u> .					
TITLE			DELETE	611	ITLE						Change	Addition
NAME				621	IAME							
STREET ADDRESS				6.3 5	TREET.	address						
CITY-ST-ZIP	<u> </u>			6.4 (HIY-SI	r-ZIP						
14. I do here information I am an o appears	by certify that the on indicated on to officer or director in Block 12 or Bl	e information supplied his annual report or si of the corporation or ook 13 if changai, or	with this filing does not que upplemental annual report is the receiver or trustee empo op an atlachment with an a	alify for the s true and owered to address.	execu execu	mption s rate and ute this r	lated ir that m eport a	n Section 119.07(3 ly signature shall f is required by Cha	3)(i), Florida Statute nave the same lega apter 607, Florida S	es, I further al effect as Statules; an	certify tha if made ur id that my	t the nder oath; tha name



April 21, 1997

Division of Corporations Annual Reports Section PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir/ Madam:

The following corporations each submits a Florida Profit Corporation Annual Report and a check representing the filing fee of \$165 for the tax year ending 1996:

Corporation	Document #	Check Number	
Sirchance Leasing Corp.	P95000004536	0022326	
AMA Financial Corporation	F95000003107	0011054	
AMA South Florida, Inc.	P96000031877	0022321	
Dasco Development Corporation, Inc.	K86680	0022320	
Brazilian Court, Inc.	P95000083173	0003758	
Brazilian Court Management, Inc.	P95000083177	0003757	
CareMatrix Corporation	P930662	0005019	
Chancellor Aviation Corp.	P95000000903	0014813	
Lowry Village, Inc.	P93000087700	0005018	
CareMatrix of Massachusetts	P96000002751	0005020	
CarePlex of Miami Shores	P95000006327	0005021	
CarePlex Group, Inc.	P96000000388	0005023	
CarePlex of Homestead, Inc.	P95000006173	0005024	
Mediplex Construction Co., Inc.	857416	5028	
Mediplex Construction of Florida, Inc.	V55007	5029	
Diamond Health Care Development Corp.	P34162	5030	
PBG Medical Mall MOB 3, Inc.	P96000031878	0000039	
PBG Medical Mall MOB 2, Inc.	P96000031813	0000040	
PBG Medical Mall MOB 1, Inc.	P94000070662	0000041	
PBG Medical Mall SNF, Inc.	P94000070657	0000044	
Chancellor of Aberdeen, Inc.	F96000005727	0014814	
CCC of Florida, Inc.	F94000001771	0014815	
CCC Long Term Hospital Services, Inc.	F95000002456	0014812	

Please acknowledge receipt of these returns by signing the duplicate copy of this letter.

If you have any questions please feel free to telephone me at (617) 433-1030.

Very truly yours,

Jeffrey A. Benson

Tax Manager

CERT NO.1 Z 420 730 022

PHYMATRIX CORPORATION

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