

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025658

1. Entity Name

PHYMATRIX DADE COUNTY, INC.

FILED

Apr 29, 2000 8:00 am  
Secretary of State

04-29-2000 90014 017 \*\*\*150.00

Principal Place of Business

Mailing Address

777 SOUTH FLAGLER DRIVE  
SUITE 1000E  
WEST PALM BEACH FL 33401

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

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3801 PGA Boulevard

3. Mailing Address

10 Dorrance Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 901

Suite 400

City & State

City & State

Palm Beach Gardens, FL

Providence, RI

Zip

Country

Zip

Country

33410

USA

02903

USA

4. FEI Number

65-0785753

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 DCEO  
NAME GORMAN, ABRAHAM  
STREET ADDRESS 777 S FLAGLER DR, STE 1000E  
CITY-ST-ZIP WPB FL 33401 ☒ Delete

TITLE CEO/President/Director  
NAME Michael T. Heffernan  
STREET ADDRESS 10 Dorrance St, Suite 400  
CITY-ST-ZIP Providence, RI 02903 ☒ Change ☐ Addition

TITLE CFO  
NAME LEATHERS, FEREDERICK R  
STREET ADDRESS 777 S FLAGLER DR, STE 1000E  
CITY-ST-ZIP WPB FL 33401 ☒ Delete

TITLE CFO/Treasurer  
NAME Gary S. Gillheaney  
STREET ADDRESS 10 Dorrance St., Suite 400  
CITY-ST-ZIP Providence, RI 02903 ☒ Change ☐ Addition

TITLE VP  
NAME GARNER, GREG  
STREET ADDRESS 777 S FLAGLER DR, STE 1000E  
CITY-ST-ZIP WPB FL 33401 ☒ Delete

TITLE VP/Secretary  
NAME Veronica A. Barrett  
STREET ADDRESS 10 Dorrance St., Suite 400  
CITY-ST-ZIP Providence, RI 02903 ☒ Change ☐ Addition

TITLE S  
NAME SCHUMAN, DENISE  
STREET ADDRESS 777 S FLAGLER DR, STE 1000E  
CITY-ST-ZIP WPB FL 33401 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Veronica A. Barrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00  
Date

401-831-6755  
Daytime Phone #

0014 (9/99)