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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025703 (4)

PHYMATRIX PULMONARY NETWORK, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								••				i chatinat iin iktil fikati haiii kaiii	BASIN ABILA MAI	내 타위 [유타		B IIIII IBBI	
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						777 SOUTH FLAGLER DRIVE											
SUITE 1000E					SUITE 1000E						DO MOT WINTE IN THIS COACE						
WEST PALM BEACH FL 33401				W	WEST PALM BEACH FL 33401					DO NOT WRITE IN THIS SPACE							
												Date Incorporated or Qualified 03/21/1997					
2. Principal Place of Business					2a, Mailing Address						4. FEI Number				Applied For		
21	1				28					65-0736777				Not Applicable			
	Suite, Apt. #, etc.				Suite, Apt. #, etc.						1			\$8.7	5 A	ditional	
22					27						5.	Certificate of Status Desired				ulred	
_	City & State					City & State					1-	Election Campaign Financing				flav Be	
23	_ •	,				28						Trust Fund Contribution				Fees	
	Zip	Country						Countr	untry					-			
24	-,	25			20	29 30			, i			This corporation owes or has paid the current year Intan Personal Property Tax due June 30. Yes				- 1	
		g. Name and Address of Current I										0. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM								81	Т	Name	10,						
	-			• · • · • · · · · · · · · · · · · · · ·				Ľ				_					
1200 SOUTH PINE ISLAND RO					,			82	Т	Street Addres	dress (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324											<u> </u>						
								83	Ί.								
								84	+	City		<u> </u>		85 2	Zip C	ode	
										,			FL				
11	. Pursuant	to the provis	ions of	Sections 607 0502	and 60	7.1508, Florid	ia Statutes	, the abov	· e -	named corpo	oration	submits this statement for the	purpose of	changir	g its	registered	
	agent. I a	registered ag am familiar wi	ith, and	bom, in the State of accept the obligati	ions of,	Section 607.	ge was au 0505, Flori	inonzed b da Statute	yι S.	tne corporatio	on s bo	pard of directors. I hereby acc	apt tne app	ointmeni	as r	gisterea	
e.																	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE.							Registered Ap	eni	l signature required	d when re	einstating)	DATE					
12.		OFFICERS AND DIRECTORS						13.			Al	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	TORS	IN 12	
TITLE					☐ DELETE 1			1.1 TITLE		EP)			Chan	ge	K Addition	
NAME								1.2 NAME		Aba	raha	m:Da Goerren					
STREET ADDRESS						1			1.3 STREET ADDRESS 77		7 S.	Flagler Dr. Suite 1	.000E				
CITY - ST - ZIP								1.4 CITY-			alm Beach, Fl 33401						
TITLE					☐ DELETE			2.1 TITLE	•	CFC				Chan	ge	Addition	
NAME								2.2 NAME				ick Leathers			-		
STREET ADDRESS									1-1		777 S. Flagler Dr. Suite 1000E						
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917								■ O.O OTTICE								i	

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 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: