

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025703

1. Entity Name

PHYMATRIX PULMONARY NETWORK, INC.

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

04-18-2000 90059 047 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3801 PGA Blvd.

3. Mailing Address

10 Dorrance St.

Suite, Apt. #, etc.

Suite 901

Suite, Apt. #, etc.

Suite 400

City & State

Palm Beach Gardens FL

City & State

Providence RI

Zip

Country

33410

US

Zip

Country

02903

US

4. FEI Number

65-0736777

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	DP	<input checked="" type="checkbox"/> Delete
NAME	GOSMAN, ABRAHAM D	
STREET ADDRESS	777 S FLAGLER DR, STE 1000E	
CITY-ST-ZIP	WPB FL 33401	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	LEATHERS, FREDERICK	
STREET ADDRESS	777 S FLAGLER D STE 1000E	
CITY-ST-ZIP	WPB FL 33401	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHUMAN, DENISE	
STREET ADDRESS	777 S FLAGLER DR, STE 1000E	
CITY-ST-ZIP	WPB FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO/President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Heffernan	
STREET ADDRESS	10 Dorrance St., Suite 400	
CITY-ST-ZIP	Providence RI 02903	
TITLE	VP/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Wardle	
STREET ADDRESS	10 Dorrance St., Suite 400	
CITY-ST-ZIP	Providence RI 02903	
TITLE	CFO/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary S. Gillheeny	
STREET ADDRESS	10 Dorrance St., Suite 400	
CITY-ST-ZIP	Providence, RI 02903	
TITLE	VP/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica A. Barrett, Esq.	
STREET ADDRESS	10 Dorrance St., Suite 400	
CITY-ST-ZIP	Providence, RI 02903	
TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doguyen T. Nguyen	
STREET ADDRESS	10 Dorrance St., Suite 400	
CITY-ST-ZIP	Providence, RI 02903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)