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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000089661

1. Corporation Name

PHC-ORLANDO II, INC.

Principal Place of Business  930 HAMMOND DRIVE  \$30 HAMMOND DRIVE  \$30 HAMMOND DRIVE  \$30 HAMMOND DRIVE  \$31										
SUITE 300 ATLANTA GA 30328  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 10/17/1997  4. FEI Number  SPA2361047 A FEI Number  SPA2361047 B SPA	Principal Place of Business Mailing Address									
ATLANTA GA 30328  ADDITIONS/CHANGES TO CFICERS AND DIRECTORS IN 12  TIME  VI  NAME  COPYCICATION  ADDITIONS/CHANGES TO CFICERS AND DIRECTORS IN 12  THE VI  NAME  COPYCICATION  ATLANTA GA 30328  ATLANTA GA 30328  ATLANTA GA 30328  ADDITIONS/CHANGES TO CFICERS AND DIRECTORS IN 12  THOMAL  ASSISTMENT SECRETARY  ATLANTA GA 30328  ADDITIONS/CHANGES TO CFICERS AND DIRECTORS IN 12  THOMAL  ASSISTMENT SECRETARY  ASSISTMENT SECRETARY  ASSISTMENT SECRETARY  ASSISTMENT SECRETARY  COPYCICATION  ADADITIONS/CHANGES TO CFICERS AND DIRECTORS IN 12  THOMAL  ASSISTMENT SECRETARY  ASSISTMENT SECRETARY  COPYCICATION  ADADITIONS/CHANGES TO CFICERS AND DIRECTORS IN 12  THOMAL  ASSISTMENT SECRETARY  COPYCICATION  ADADITIONS/CHANGES TO CFICERS AND DIRECTORS IN 12  THOMAL  ADADITIONS/CHANGES T	990 HAMMOND DRIVE 990 HAMMOND DRIVE						]			
ALANIA GR 3328  ALANIA GR 3328  ALANIA GR 3328  3. Date Incorporated or Qualifed 10/117/1997  2. Principal Place of Business  2. Applied For 58-2361047  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$5.00 May Be Addition Contribution   \$5.00 May Be Addition Certification   \$5.00 May Be Addition Contribution   \$5.00 May Be Addition   \$5.00 May Be Addition Contribution Contribution   \$5.00 May Be Addition Contribution Contributio	00/12 000						DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business	ATLANTA GA 30328 ATLANTA GA 30328									
2. Principal Place of Business										
Suite, Apt. #, etc.   Size, Additional Fee Required   Fee Required   Fee Required   Size, Apt. #, etc.   Size, Additional Fee Required   Size, Additional Fee Required   Added to Fees			1 0 11-11- Add						Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	<u> </u>	ace of Business	H-1					h		
Scription of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   Signature   Signatu										
City & State   City & Cit	<u> </u>	#, etc.				5. Certifcate of Status Desired				
Zip   Country   Zip   Country   Sip   Country   Sip   Country   Sip   Country   Sip   Country   Sip										
Zip   Country   Zip   Country   Zip   Country   St. This corporation owes the current year Intangible   Personal Property Tax.   Yes   No	<b>└</b>	3	<b>├</b>							
24 25 29 30 Personal Property Tax.   Yes   No    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    SHAMUS HOLT 3885 OAKWATER CIRCLE   82 Street Address (P.O. Box Number is Not Acceptable)    11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.  SIGNATURE   Signature, typed or printed name of registered agent and 886 if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    TITLE   VT				0 -4-					u to rees	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  SHAMUS HOLT  3885 OAKWATER CIRCLE  ORLANDO FL 32806  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a lam familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  OFFICERS AND DIRECTORS  13. TREET ADDRESS  14. CITY-ST-2P  ATLANTA GA 30328  14. CITY-ST-2P  ATLANTA GA 30328  15. CITY-ST-2P  ATLANTA GA 30328  16. CITY-ST-2P  ATLANTA GA 30328  17. CITY-ST-2P  ATLANTA GA 30328  17. CITY-ST-2P  ATLANTA GA 30328  17. CITY-ST-2P  ATLANTA GA 30328  18. CITY-ST-2P  ATLANTA GA 30328  19. CITY-ST-2P  ATLANTA GA	Zip				6. 11. 55. policina de la companya d					
SHAMUS HOLT 3885 OAKWATER CIRCLE ORLANDO FL 32806  83  64 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and 980 ff applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P DELETE  1.1 TITLE  SARAH C. GARVIN  1.2 NAME  SARAH C. GARVIN  1.3 STREET ADDRESS  CITY-ST-ZIP  ATLANTA GA 30328  1.4 CITY-ST-ZIP  ATLANTA GA 30328  DELETE  2.1 TITLE  VT  RODGERS, THOMAS  STREET ADDRESS  900 HAMMOND DR, SUITE 300  2.2 STREET ADDRESS  CITY-ST-ZIP  ATLANTA GA 30328  DELETE  3.1 TITLE  VT  RODGERS, THOMAS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  ATLANTA GA 30328  DELETE  3.1 TITLE  VT  Change  Addition	24				r craditar reporty rax					
SHAMUS HOLT 3885 OAKWATER CIRCLE ORLANDO FL 32806  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P DELETE  1.1 TITLE  SARAH C. GARVIN  1.3 STREET ADDRESS  GOTY-ST-ZIP  ATLANTA GA 30328  1.4 CITY-ST-ZIP  TITLE  VT DELETE  2.1						Name	10. Name and Address of New Registered A	gent		
Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PARAME  SARAH C. GARVIN  STREET ADDRESS  CITY-ST-ZIP  ATLANTA GA 30328  TITLE  VT  DELETE  1.1 TITLE  VT  DELETE  2.1 TITLE  VT  RODGERS, THOMAS  STREET ADDRESS  900 HAMMOND DR, SUITE 300  2.2 STREET ADDRESS  900 HAMMOND DR, SUITE 300  2.3 STREET ADDRESS  STREET ADDRESS  900 HAMMOND DR, SUITE 300  2.4 CITY-ST-ZIP  ATLANTA GA 30328  DELETE  VI Change  Addition  Change  C	CHANGE LIGHT				1	name				
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of registered agent and site if applicable.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and site if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  SARAH C. GARVIN  STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  1.1 TITLE  SARAH C. GARVIN  STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  1.2 NAME  STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  1.3 STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  TELEBURER / ASST. SEC.   Change   Addition  OFFICERS AND DIRECTORS IN 12  TELEBURER / ASST. SEC.   Change   Addition  OFFICERS AND DIRECTORS IN 12  THE VT  OFFICERS AND DIRECTORS IN 12  1.1 TITLE  OFFICERS AND DIRECTORS IN 12  TELEBURER / ASST. SEC.   Change   Addition  OFFICERS AND DIRECTORS IN 12  THE VT  NAME  RODGERS, THOMAS  STREET ADDRESS  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  THE VC OFFICERS AND DIRECTORS IN 12  THE VC OFFICERS AND DIRECTORS IN 12  THE VC OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  THE VC OFFICERS AND DIRECTORS IN 12  OFFICERS						•	FL			
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	l office or r	egistered agent or both in the State.	of Florida. Such change was auti	nonzea o	νu	ne corpo	ration's board of directors. I hereby accept the appoint	illelit 65	registered	
Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  SARAH C. GARVIN  STREET ADDRESS  CITY-ST-ZIP  TITLE  VT  NAME  RODGERS, THOMAS  STREET ADDRESS  STREET	1	Til Idillian Willi, and accept the estiga	1							
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE P	SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: R	Registered Ag	ent	signature re	dance when the country			
SARAH C. GARVIN  STREET ADDRESS  CITY-ST-ZIP  TITLE  VT  RODGERS, THOMAS  STREET ADDRESS  CITY-ST-ZIP  ATLANTA GA 30328  DELETE  TITLE  VT  RODGERS, THOMAS  STREET ADDRESS  CITY-ST-ZIP  ATLANTA GA 30328  THOMPS  THOMPS  THOMPS  ATLANTA GA 30328  THOMPS							ADDITIONS/CHANGES TO OFFICERS AND			
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TITLE VT DELETE 2.1 TITLE VXCR President Secretificacy Change Addition  NAME RODGERS, THOMAS  STREET ADDRESS  900 HAMMOND DR, SUITE 300  CITY-ST-ZIP ATLANTA GA 30328  THOMPS M. RODGERS, Jr.  CHANGE Addition  THE COMMOND DR, SUITE 300  ATLANTA GA 30328  DELETE 3.1 TITLE  ASSISTMAT SECRETIFICACY Change Addition				1.4 CITY-	4 CITY-ST-ZIP ATLANTA, GEORGETA 30328					
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STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328  2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  DELETE 3.1 TITLE ASSISTMET SECRETMAY Change	1	1		2.2 NAME	2 NAME		THOMPS M. RODGERS, Jr.	omps M. Roders, Lr.		
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NAME EPSTEIN, DANIEL  32 NAME DARCIE A. DEUPRES, ESQ  32 NAME QQO HACOMOND DAEVE, SOTTE 300			<b>M</b> DELETE	_			ASSESTMENT SECRETMAY	☐ Chang	je 🗶 Addition	
NAME EFSTEIN, DANIEL		FOOTCINI DANIEL			NAME DA		DARCEL A. DEUPREE, ESQ	344		
	NAME STREET ADORESS		•	3.2 19491	_	ADDDEGG .	990 HAMMOND DREVE, 30 11 8			

14. 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 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, with all other like empowered. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

ATLANTA GA 30328

990 HAMMOND DR, SUITE 300

DEUPREE

☐ DELETE

☐ DELETE

□ DELETE

3 | 1 a | 9 9

GEORGEAN 3032) B

☐ Change

☐ Change

Change

☐ Addition

\_\_\_ Addition

Addition