# 2005 FOR PROFIT CORPORATION

# **ANNUAL REPORT**

#### Secretary of State 04-15-2005 90109 040 \*\*\*150.00 DOCUMENT # P99000011102 Entity Name PHC-BELLE GLADE, INC. Mailing Address Principal Place of Business 105 WESTWOOD PL., STE, 400 105 WESTWOOD PL., STE, 400 BRENTWOOD, TN 37027 BRENTWOOD, TN 37027 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. 01072005 CR2E034 (10/03) Cha-P Applied For 4. FEI Number City & State City & State 62-1769465 Not Applicable Country \$8.75 Additional Zin Country 5.' Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE, FL 32301 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE (NQTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RASH MARTIN S NAME STREET ADDRESS STREET ADDRESS 105 WESTWOOD PLACE STE 400 CITY-ST-7IP CITY-ST-ZIP BRENTWOOD, TN 37027 Change Addition Delete TITLE TITLE SLIPKOVICH, DANIEL S NAME NAME 105 WESTWOOD PLACE STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRENTWOOD, TN 37027 **▼** Change Addition TITLE Detete TITLE VP & Treasurer PANTOJA, ROBERTO G NAME NAME Pantoja, Roberto G. STREET ADDRESS 105 WESTWOOD PLACE STE 400 STREET ADORESS 105 Westwood P1, Ste. 400 CITY-ST-ZIP BRENTWOOD, TN 37027 CITY-ST-ZIP Brentwood, TN 37027 Change Addition TITLE ☐ Delete TITLE PEMBERTON, II, THOAMS P NAME NAME 105 WESTWOOD PLACE STE 400 STREET ADDRESS STREET ADDRESS BRENTWOOD, TN 37027 CITY-ST-ZIP CITY-ST-ZIP Vice President Addition · [ Change TITLE ☐ Delete TITLE WALL, HOWARD T NAME NAME STREET ADDRESS STREET ADDRESS 105 WESTWOOD PLACE STE 400 CITY-ST-ZIP CITY-51-2!P BRENTWOOD, TN 37027 Vice President Change ☐ Addition TITLE Delete TITLE

CITY-ST-ZIP BRENTWOOD, TN 37027

12. 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied many 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 truther employed and accurate and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachine

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

HANNON, CHRISTOPHER T

105 WESTWOOD PLACE STE 400

105 Westwood Place, Ste. 400

Hannon, Christopher T.

FILED Apr 15, 2005 8:00 am

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### DOCUMENT # P99000011102 PHC-BELLE GLADE, INC. ATTACHMENT 20034606 Mailing Address Principal Place of Business 105 WESTWOOD PL., STE. 400 105 WESTWOOD PL., STE. 400 BRENTWOOD, TN 37027 BRENTWOOD, TN 37027 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 62-1769465 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE, FL 32301 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Senature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Asst VP & Controller Change T Addition PD TITLE UTLE ☐ Delete NAME RASH, MARTIN S Brumfield, Steven R. STREET ADDRESS 105 WESTWOOD PLACE STE 400 105 Westwood P1, Ste 400 CITY-ST BRENTWOOD, TN 37027 CITY-ST-ZIP Brentwood, TN 37027-Asst VP & Asst. Sec. Change **TX** Addition Delete TITLE TITLE IPKOVICH, DANIEL S NAME Edwards, Faye S. NAME WESTWOOD PLACE STE 400 STREET ADORESS STREET ADDRESS 105 Westwood P1, Ste 400 BRENWOOD, TN 37027 CITY - ST - ZIP CITY - ST - ZIP Brentwood, TN 37027 ☐ Delete Change Addition TITLE TITLE PANTOJA, R. BERTO G NAME NAME 105 WESTWOOL PLACE STE 400 STREET ADDRESS STREET ADDRESS BRENTWOOD, TN CITY-ST-ZIP CITY-ST-ZIP 7027 Change ☐ Addition TITLE ☐ Delete TITLE PEMBERTON, II, THOAM NAME NAME 105 WESTWOOD PLACE S STREET ADDRESS STREET ADDRESS BRENTWOOD, TN 37027 CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE VSD NAME WALL, HOWARD T NAME STREET ADDRESS 105 WESTWOOD PLACE STE 400 STREET ADDRESS BRENTWOOD, TN 37027 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE HANNON, CHRISTOPHER T NAME NAME 105 WESTWOOD PLACE STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRENTWOOD, TN 37027 CITY-ST-ZIP 12. 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 10 or Block 11 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 Daysme Phone # Date