

FILE NOW: FILING FEE AFTER MAY.1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S86297** (6)
1. Corporation Name
PHC PROPERTIES CORPORATION



Principal Place of Business
**1415 HENRY ST.
FORT MYERS FL 33901
US**

Mailing Address
**1415 HENDRY ST.
FORT MYERS FL 33901-2820
US**

3. Date Incorporated or Qualified **10/09/1991** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business
21 **825 NE Multnomah Street**
Suite, Apt. #, etc.
22 **Suite 775**
City & State
23 **Portland, OR**
Zip
24 **97232** Country
25 **USA**

2a. Mailing Address
26 **825 NE Multnomah Street**
Suite, Apt. #, etc.
27 **Suite 775**
City & State
28 **Portland, OR**
Zip
29 **97232** Country
30 **USA**

4. FEI Number
93-1067588 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JACKSON, C. MICHAEL
1415 HENDRY ST
FT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name
C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
83
84 City
PLANTATION FL 85 Zip Code
33324

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 my appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: **JOHN P. STOUT, ASSISTANT SECRETARY** *John P. Stout* 3/26/96
Signature typed or printed name of registered agent and the date of application (If Other Registered Agent Signature, agent must be a resident of Florida)

12. OFFICERS AND DIRECTORS

TITLE	DP	DELETE
NAME	LONGFIELD, CRAIG N.	
STREET ADDRESS	825 N.E. MULTNOMAH ST., SUITE 775	
CITY-ST-ZIP	PORTLAND OR	
TITLE	D	DELETE
NAME	HENDERSON, MICHAEL C.	
STREET ADDRESS	825 NE MULTNOMAH ST., STE 775	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VTC	DELETE
NAME	ROEDER, REYNOLD	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR	
TITLE	AS	DELETE
NAME	PENDERGRAFT, J.T.	
STREET ADDRESS	825 N.E. MULTNOMAH ST, SUITE 775	
CITY-ST-ZIP	PORTLAND OR	
TITLE	S	DELETE
NAME	SCHRECK, GEORGE C	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR	
TITLE	AS	DELETE
NAME	NOFZIGER, SALLY A.	
STREET ADDRESS	825 NE MULTNOMAH ST., STE 775	
CITY-ST-ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

400001773414
-04/09/96--01051--010
*****200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George C. Schreck Secretary

4/5/96

503-797-7200

Date

Daytime Phone #

CR2E034 (12/95)