

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90015 002 \*\*\*450.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004597**

1. Corporation Name  
**BRC HEALTH CARE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business BUSINESS RECORDS CORPORATION 1111 W. MOCKINGBIRD, SUITE 1400 DALLAS TX 75247	Mailing Address BUSINESS RECORDS CORPORATION 1111 W. MOCKINGBIRD, SUITE 1400 DALLAS TX 75247
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3. Date Incorporated or Qualified <b>09/21/1995</b>	Applied For Not Applicable
4. FEI Number <b>93-0586355</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2828 N. Haskell Ave Suite, Apt. #, etc. 22 10th Floor City & State 23 Dallas Texas 75204 Zip 24 USA	2a. Mailing Address 26 2828 N. Haskell Ave. Suite, Apt. #, etc. 27 10th Floor City & State 28 Dallas Texas 75204 Zip 29 USA
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ESPING, P.E.	
STREET ADDRESS	1111 W. MOCKINGBIRD LANE, SUITE 1400	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, CLIFF	
STREET ADDRESS	1111 W MOCKINGBIRD #1400	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KIRALY, THOMAS	
STREET ADDRESS	1111 W. MOCKINGBIRD LANE, SUITE 1400	
CITY-ST-ZIP	DALLAS TX 75247	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Harvey Braswell	
13 STREET ADDRESS	2828 N. Haskell Ave. 10th Fl	
14 CITY-ST-ZIP	Dallas TX 75204	
21 TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	David W. Black	
23 STREET ADDRESS	2828 N. Haskell Ave. 10th Fl	
24 CITY-ST-ZIP	Dallas TX 75204	
31 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Jeffrey A. Rich	
33 STREET ADDRESS	2828 N. Haskell 10th Fl	
34 CITY-ST-ZIP	Dallas TX 75204	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Henry Hortenstine	
43 STREET ADDRESS	2828 N. Haskell Ave. Dallas TX 75204	
44 CITY-ST-ZIP		
51 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Nancy P. Vineyard	
53 STREET ADDRESS	3988 N. Central Expressway Dallas TX 75204	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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.

SIGNATURE: David Black Secretary Date: 2/8/99 Dulytime Phone #: 214-841-6197

CR2E034 (1/98)