

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004597

1. Entity Name

ACS HEALTH CARE, INC.

FILED

00 JAN 26 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business BUSINESS RECORDS CORPORATION 2828 N HASKELL AVE 10TH FL DALLAS TX 75204	Mailing Address BUSINESS RECORDS CORPORATION 2828 N HASKELL AVE 10TH FL DALLAS TX 75204-2954
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **93-0586355**  Applied For  
Not Applied For

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 \_\_\_\_\_ (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	P	<input type="checkbox"/> Delete
NAME	BRASWELL, HARVEY	
STREET ADDRESS	2828 N HASKELL AVE 10TH FL	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	BLACK, DAVID W	
STREET ADDRESS	2828 N HASKELL AVE 10TH FL	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, JEFFREY A	
STREET ADDRESS	2828 N HASKELL 10TH FL	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORTENSTINE, HENRY	
STREET ADDRESS	2828 N HASKELL AVE	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	T	<input type="checkbox"/> Delete
NAME	VINEYARD, NANCY P	
STREET ADDRESS	3988 N CENTRAL EXPRESSWAY	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	700003113777-4	
CITY-ST-ZIP	-01/27/00--01118--001	
	***1200.00 ***150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Hays Haney	
STREET ADDRESS	2828 N. Haskell Ave Fl 10	
CITY-ST-ZIP	Dallas TX 75204	

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: Hays Haney Hays Haney Asst Secretary 1/18/00 214-841-6197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SP