

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002304

**Entity Name:** FLORIDA PREFERRED CARE HEALTH FACILITIES III, INC.

**Current Principal Place of Business:**

5420 W PLANO PARKWAY  
PLANO, TX 75093

**Current Mailing Address:**

5420 W PLANO PARKWAY  
PLANO, TX 75093

**FEI Number:** 20-8711796

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SCOTT, THOMAS  
Address 5420 W PLANO PARKWAY  
City-State-Zip: PLANO TX 75093

Title S  
Name RIEK, ROBERT J  
Address 5500 W PLANO PARKWAY, SUITE 210  
City-State-Zip: PLANO TX 75093

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT J. RIEK**

**SECRETARY**

**04/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date