

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 # 829863

(0)

1. Corporation Name

OWEN HEALTHCARE, INC.



Principal Place of Business

9800 CENTRE PKWY #1100  
HOUSTON TX 77036  
US

Mailing Address

9800 CENTRE PKWY #1100  
HOUSTON TX 77036  
US

3. Date Incorporated or Qualified

04/06/1973

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
8751 WEST BROWARD BOULEVARD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVP  
NAME JONES, DONALD M  
STREET ADDRESS 9800 CENTRE PKWY #1100  
CITY-ST-ZIP HOUSTON, TX 00000 ☐ DELETE

TITLE D  
NAME RUTHLEDGE, ROBERT M  
STREET ADDRESS 333 CEDAR, SUITE 210  
CITY-ST-ZIP ABILENE TX ☐ DELETE

TITLE COB  
NAME OWEN, DIAN GRAVES  
STREET ADDRESS 9800 CENTRE PKWY #1100  
CITY-ST-ZIP HOUSTON, TX 00000 ☐ DELETE

TITLE SVP  
NAME MARLETT, MARJORIE A  
STREET ADDRESS 9800 CENTRE PKWY #1100  
CITY-ST-ZIP HOUSTON, TX 00000 ☐ DELETE

TITLE PD  
NAME ISGREN, CARL E  
STREET ADDRESS 9800 CENTRE PKWY #1100  
CITY-ST-ZIP HOUSTON, TX 00000 ☐ DELETE

TITLE SVP  
NAME FLORANCE, STANLEY H.  
STREET ADDRESS 7923 OAKINGTON DR.  
CITY-ST-ZIP HOUSTON TX ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-96

Daytime Phone #

(713) 777-8173

CR2E034 (12/95)