

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

FILED

May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 829863 (0)**  
 1. Corporation Name  
**OWEN HEALTHCARE, INC.**



Principal Place of Business <b>9800 CENTRE PKWY #1100          HOUSTON TX 77036          US</b>	Mailing Address <b>9800 CENTRE PKWY #1100          HOUSTON TX 77036-8279          US</b>
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>04/06/1973</b>	<b>3a. Date of Last Report</b> <b>03/19/1996</b>
		<b>4. FEI Number</b> <b>75-1329577</b>		Applied For Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM</b> <b>8751 WEST BROWARD BOULEVARD</b> <b>PLANTATION FL 33324</b>				<b>10. Name and Address of New Registered Agent</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DONALD M	1.2 NAME	
STREET ADDRESS	9800 CENTRE PKWY #1100	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHLEDGE, ROBERT M	2.2 NAME	
STREET ADDRESS	333 CEDAR, SUITE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	ABILENE TX	2.4 CITY-ST-ZIP	
TITLE	COB	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, DIAN GRAVES	3.2 NAME	
STREET ADDRESS	9800 CENTRE PKWY #1100	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 00000	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLETT, MARJORIE A	4.2 NAME	
STREET ADDRESS	9800 CENTRE PKWY #1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 00000	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISGREN, CARL E	5.2 NAME	
STREET ADDRESS	9800 CENTRE PKWY #1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 00000	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORANCE, STANLEY H.	6.2 NAME	
STREET ADDRESS	7923 OAKINGTON DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

**14.** I do 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.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-97 713-777-8173**  
 Date Daytime Phone #

CR2E034 (9/96)