

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90086 001 \*\*\*300.00

**DOCUMENT # F03000001094**

1. Entity Name  
**PREMIERCARE TEXAS, INC.**



Principal Place of Business  
**603 MAIN ST.  
P.O. BOX 1100  
WINDERMERE, FL 34789-1100**

Mailing Address  
**603 MAIN ST.  
P.O. BOX 1100  
WINDERMERE, FL 34789-1100**

00701010



07142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3758540</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BARKMAN, KEVIN  
603 MAIN ST.  
WINDERMERE, FL 34789-1100**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	DIZNEY, DONALD R
STREET ADDRESS	603 MAIN ST.
CITY-ST-ZIP	WINDERMERE, FL 347891100

TITLE	VC
NAME	ENGLISH, JAMES E
STREET ADDRESS	603 MAIN ST.
CITY-ST-ZIP	WINDERMERE, FL 347891100

TITLE	DP
NAME	DIZNEY, DAVID A
STREET ADDRESS	603 MAIN ST.
CITY-ST-ZIP	WINDERMERE, FL 347891100

TITLE	S
NAME	BARKMAN, KEVIN
STREET ADDRESS	603 MAIN ST.
CITY-ST-ZIP	WINDERMERE, FL 347891100

TITLE	T
NAME	DELEHUNT, JANINE
STREET ADDRESS	603 MAIN ST.
CITY-ST-ZIP	WINDERMERE, FL 347891100

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Kevin Barkman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/4 407-876-2200  
Date Daytime Phone #

Attachment  
66431818



**Christian Counseling**  
*Clinically Professional. Distinctively Christian.*

July 30, 2004

Florida Department of State  
Division of Corporations  
409 Gaines Street  
Tallahassee, Florida 32399

Re: FEI Number 59-3758546/Document #P01000111900

Please find attached the *2004 For Profit Corporation Annual Report* for the above referenced entity along with a check in the amount of \$150.00. Please note that we never received the original notice to file for this company; therefore, we request that any penalties be waived.

Thank you for your help in this matter.

Sincerely,

Clinton D. Tees  
Chief Financial Officer

ENCLOSURE

RECEIVED  
DIVISION OF CORPORATIONS  
JUL 31 2004

Attachment  
66431819

PREMIER CARE, INC.

8300 FM 1960 West  
Suite 320  
Houston, Texas 77070  
(281) 922-4004  
Fax (281) 922-4114

July 30, 2004

Florida Department of State  
Division of Corporations  
409 Gaines Street  
Tallahassee, Florida 32399

Re: FEI Number 59-3758540/Document #F03000001094

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Thank you for your help in this matter.

Sincerely,



Clinton D. Tees  
Chief Financial Officer