


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90062 007 ***150.00

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3758540	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARKMAN, KEVIN 603 MAIN ST. WINDERMERE, FL 34789-1100				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
SIGNATURE _____ DATE _____				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete DIZNEY, DONALD R 603 MAIN ST. WINDERMERE, FL 347891100				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete ENGLISH, JAMES E 603 MAIN ST. WINDERMERE, FL 347891100				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete DIZNEY, DAVID A 603 MAIN ST. WINDERMERE, FL 347891100				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BARKMAN, KEVIN 603 MAIN ST. WINDERMERE, FL 347891100				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete DELEHUNT, JANINE 603 MAIN ST. WINDERMERE, FL 347891100				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Dir., Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald R. Dizney 603 Main Street, Windermere, FL 34786				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James.E. English 603 Main Street, Windermere, FL 34786				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. President, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David A. Dizney 603 Main Street, Windermere, FL 34786				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kevin Barkman 603 Main Street, Windermere, FL 34786				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Kevin Barkman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
1/26/05 407-876-2200 Date Daytime Phone #					