


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90203 001 \*\*\*450.00

<b>DOCUMENT # F03000001094</b> 1. Entity Name <b>PREMIERCARE TEXAS, INC.</b>					
Principal Place of Business <b>603 MAIN ST. P.O. BOX 1100 WINDERMERE, FL 34789-1100</b>			Mailing Address <b>603 MAIN ST. P.O. BOX 1100 WINDERMERE, FL 34789-1100</b>		
2. Principal Place of Business <b>603 Main Street</b>			3. Mailing Address <b>P.O. Box 1100</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Windermere, FL</b>			City & State <b>Windermere, FL</b>		
Zip <b>34786</b>		Country		4. FEI Number <b>59-3758540</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BARKMAN, KEVIN 603 MAIN ST. WINDERMERE, FL <del>34789-1100</del></b>			7. Name and Address of New Registered Agent Name <b>Kevin Barkman</b> Street Address (P.O. Box Number is Not Acceptable) <b>603 Main Street</b> City <b>Windermere</b> <b>FL</b> Zip Code <b>34786</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> <b>DIZNEY, DONALD R</b> <b>603 MAIN ST</b> <b>WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> <b>DVC</b> <b>ENGLISH, JAMES E</b> <b>603 MAIN ST.</b> <b>WINDERMERE, FL <del>34789-1100</del></b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>34786</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> <b>DIZNEY, DAVID A</b> <b>603 MAIN ST.</b> <b>WINDERMERE, FL <del>34789-1100</del></b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPCEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> <b>EVPS</b> <b>BARKMAN, KEVIN</b> <b>603 MAIN ST.</b> <b>WINDERMERE, FL <del>34789-1100</del></b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>34786</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Kevin Barkman</i>			<b>3.6.06 407.876.2800</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**66004081**



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