

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90015 031 ***150.00

DOCUMENT # F03000001094

1. Entity Name
PREMIERCARE TEXAS, INC.



Principal Place of Business
**603 MAIN ST.
WINDERMERE, FL 34786**

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



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3758540

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARKMAN, KEVIN
603 MAIN ST.
WINDERMERE, FL 34786**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DCAS
DIZNEY, DONALD R
603 MAIN ST
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVC
ENGLISH, JAMES E
603 MAIN ST.
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP / CEO
DIZNEY, DAVID A
603 MAIN ST.
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVPS
BARKMAN, KEVIN
603 MAIN ST.
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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.

SIGNATURE: *Kevin Barkman* **Executive Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08 (407) 876-2200

Date

Daytime Phone #