

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90043 016 \*\*\*150.00

DOCUMENT # F94000000352

1. Corporation Name

PREFERRED CARE MANAGEMENT SERVICES, INC.



Principal Place of Business

17103 PRESTON ROAD  
STE 180, LOCK BOX 122  
DALLAS TX 75248  
US

Mailing Address

17103 PRESTON ROAD  
STE 180, LOCK BOX 122  
DALLAS TX 75248  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

75-2421262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2901 Dallas Pkwy

Suite, Apt. #, etc.

22 Suite 345 LB 15

City & State

23 Plano TX

Zip

24 75093 Country 25 USA

2a. Mailing Address

26 2901 Dallas Pkwy

Suite, Apt. #, etc.

27 Suite 345 LB 15

City & State

28 Plano TX

Zip

29 75093 Country 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME SCOTT, THOMAS D  
STREET ADDRESS 17103 PRESTON RD #180, LOCK BOX 122  
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE S  
NAME PROVENCE, MINDY  
STREET ADDRESS 17103 PRESTON RD #180, LOCK BOX 122  
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT  
1.2 NAME Scott, Thomas D  
1.3 STREET ADDRESS 2901 Dallas Pkwy #345  
1.4 CITY-ST-ZIP Plano, TX 75093

☒ Change ☐ Addition

2.1 TITLE S  
2.2 NAME Provence Mindy  
2.3 STREET ADDRESS 2901 Dallas Pkwy #345  
2.4 CITY-ST-ZIP Plano, TX 75093

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)