

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:24

DOCUMENT # F94000002802 (6)

1. Corporation Name

PARKWAY COMMUNICATIONS CORP.

Principal Place of Business

1221 GULFSHORE BOULEVARD NORTH
NAPLES FL 33940

Mailing Address

1221 GULFSHORE BOULEVARD NORTH
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

P.O. Box 548

Suite, Apt. #, etc.

27

City & State

28

NAPLES - FLORIDA

Zip

33939

Country

30

4. FEI Number

52-1228362

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 has liability for intangible tax under s. 195.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

FISHER, A A JR
SUITE 404
4001 TAMiami TRAIL NORTH
NAPLES FL 33940

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 of the person named as registered agent and, if applicable,

(if) the Registered Agent signature required when recertifying.

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME ORLICH, P D
STREET ADDRESS 1221 GULFSHORE BLVD NORTH
CITY ST ZIP NAPLES FL 33940

TITLE SD
NAME ORLICH, DIANA S
STREET ADDRESS 1221 GULFSHORE BLVD NORTH
CITY ST ZIP NAPLES FL 33940

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. DANIEL ORLICH

6/24/95

813-643-4538

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003539 (3)**

1. Corporation Name

FLORIDA PREFERRED CARE FACILITIES I, INC.

Principal Place of Business

17103 PRESTON ROAD
SUITE 200. LOCK BOX
DALLAS TX 75248

Mailing Address

17103 PRESTON ROAD
SUITE 200. LOCK BOX
DALLAS TX 75248

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

APPLIED FOR

75-2545013

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 the if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

SCOTT, THOMAS D
17103 PRESTON RD., STE 200 LOCK BOX 106
DALLAS TX

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

ROWLEY, ROBERT D
17103 PRESTON RD., STE 200 LOCK BOX 106
DALLAS TX

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

LEVY, CHERYL B
17103 PRESTON RD., STE 200 LOCK BOX 106
DALLAS TX

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

PTS

DELETE

DELETE

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A Scott

6 18 95

214 407 5000