

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F94000003539 (3)**

1. Corporation Name

**FLORIDA PREFERRED CARE HEALTH 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

3. Date Incorporated or Qualified <b>07/06/1994</b>	3a. Date of Last Report <b>06/29/1995</b>
4. FEI Number <b>75-2545013</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

**9. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 current registered agent for this corporation

Signature of the new registered agent for this corporation

(Date)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PTS</b>	<input type="checkbox"/>
NAME	<b>SCOTT, THOMAS D</b>	
STREET ADDRESS	<b>17103 PRESTON RD., STE 200 LOCK BOX 106</b>	
CITY-ST-ZIP	<b>DALLAS TX</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995		CHANGE	ADDITION
1:1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1:2 NAME	<b>Mindy Provence</b>		
1:3 STREET ADDRESS	<b>17103 Preston Rd., #200</b>		
1:4 CITY-ST-ZIP	<b>Dallas, TX 75248</b>		
2:1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2:2 NAME			
2:3 STREET ADDRESS			
2:4 CITY-ST-ZIP			
3:1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3:2 NAME			
3:3 STREET ADDRESS			
3:4 CITY-ST-ZIP			
4:1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4:2 NAME	<b>600001892466</b>		
4:3 STREET ADDRESS	<b>-07/12/96--01062--044</b>		
4:4 CITY-ST-ZIP	<b>***200.00</b>		
5:1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5:2 NAME			
5:3 STREET ADDRESS			
5:4 CITY-ST-ZIP			
6:1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6:2 NAME			
6:3 STREET ADDRESS			
6:4 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)(k), 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: *Mindy Provence* **3/8/96** **214-407-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (12/95)