

• SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 21 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003539 (3)**  
 1. Corporation Name  
**FLORIDA PREFERRED CARE HEALTH FACILITIES I, INC.**



Principal Place of Business <b>17103 PRESTON ROAD        SUITE 200. LOCK BOX        DALLAS TX 75248</b>	Mailing Address <b>17103 PRESTON ROAD        SUITE 200. LOCK BOX        DALLAS TX 75248</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 17103 Preston Rd</b>	2a. Mailing Address <b>26 17103 Preston Rd</b>	3. Date Incorporated or Qualified <b>07/06/1994</b>	3a. Date of Last Report <b>07/12/1996</b>
Suite, Apt. #, etc. <b>22 Suite 180, lock box 122</b>	Suite, Apt. #, etc. <b>27 Suite 180, lock box 122</b>	4. FEI Number <b>75-2545013</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 Dallas TX</b>	City & State <b>28 Dallas TX</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 75248</b>	Country <b>25 Dallas</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29 75248</b>	Country <b>30 Dallas</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PTC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, THOMAS D</b>	1.2 NAME	
STREET ADDRESS	<b>17103 PRESTON RD., STE 200 LOCK BOX 106</b>	1.3 STREET ADDRESS	<b>17103 Preston Rd, Ste 180, Lock Box 122</b>
CITY-ST-ZIP	<b>DALLAS TX 75248</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROVENCE, MINDY</b>	2.2 NAME	<b>P</b>
STREET ADDRESS	<b>17103 PRESTON RD., #200</b>	2.3 STREET ADDRESS	<b>17103 Preston Rd, Ste 180, Lock Box 122</b>
CITY-ST-ZIP	<b>DALLAS TX 75248</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, or as an attachment with an address.

SIGNATURE: **Mindy** SIGNATURE REQUIRED: **Thomas 071930-815**

CR2E034 (4/97)