

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90031 002 ***150.00

0611495 AT

DOCUMENT # F94000003539
 1. Entity Name
FLORIDA PREFERRED CARE HEALTH FACILITIES I, INC.

Principal Place of Business Mailing Address
2901 DALLAS PARKWAY **2901 DALLAS PARKWAY**
SUITE 345, LB 15 **SUITE 345, LB 15**
PLANO TX 75093 **PLANO TX 75093**
US **US**

2. Principal Place of Business 3. Mailing Address
5212 Village Creek Dr. **5212 Village Creek Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Plano, TX **Plano, TX**
 Zip Country Zip Country
75093 USA **75093 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2545013** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PTC	SCOTT, THOMAS D	2901 DALLAS PKWY., STE. 345, LB 15	PLANO TX 75093	<input type="checkbox"/>
S	PROVENCE, MINDY	2901 DALLAS PKWY., STE. 345, LB 15	PLANO TX 75093	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PTC	Scott, Thomas D.	5212 Village Creek Dr.	Plano, TX 75093	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Provence, Mindy	5212 Village Creek Dr.	Plano, TX 75093	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JP	Anderson, Gary	5212 Village Creek Dr.	Plano TX 75093	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Winchford, Grace	5212 Village Creek Dr.	Plano, TX 75093	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mindy Provence
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)