

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 21 1997 8:00am
Secretary of State

DOCUMENT # F94000003540 (1)

1. Corporation Name

FLORIDA PREFERRED CARE HEALTH FACILITIES II, INC

Principal Place of Business

17103 PRESTON ROAD
SUITE 200, LOCK BOX 106
DALLAS TX 75248

Mailing Address

17103 PRESTON ROAD
SUITE 200, LOCK BOX 106
DALLAS TX 75248

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

07/26/1996

4. FEI Number

75-2547985

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 17103 Preston Rd
Suite, Apt. #, etc.

22 Suite 180, Lock Box 122

City & State

23 Dallas TX

Zip

24 75248

Country

25 Dallas

2a. Mailing Address

26 17103 Preston Rd
Suite, Apt. #, etc.

27 Suite 180, Lock Box 122

City & State

28 Dallas TX

Zip

29 75248

Country

30 Dallas

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

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 ☐ DELETE

PC
NAME SCOTT, THOMAS D
STREET ADDRESS 17103 PRESTON RD., STE 200 LOCK BOX 106
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PCT
1.3 STREET ADDRESS 17103 Preston Rd, Ste 180, Lock Box 122
1.4 CITY-ST-ZIP Dallas, TX 75248

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME S
2.3 STREET ADDRESS Provence, Mindy
17103 Preston Rd, Ste 180, Lock Box 122
2.4 CITY-ST-ZIP Dallas, TX 75248

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE: [Signature]

7/21/97 202 930 8150

CR2E034 (4/97)