


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90056 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F94000003540

1. Corporation Name

FLORIDA PREFERRED CARE HEALTH FACILITIES II, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business 17103 PRESTON ROAD STE 180, LOCK BOX 122 DALLAS TX 75248 US	Mailing Address 17103 PRESTON ROAD STE 180, LOCK BOX 122 DALLAS TX 75248 US
---	---

2. Principal Place of Business 21 2901 Dallas Parkway Suite, Apt. #, etc. 22 Suite 345, LB 15 City & State 23 Plano, TX 75093 Zip Country 24 75093 25 USA	2a. Mailing Address 26 2901 Dallas Parkway Suite, Apt. #, etc. 27 Suite 345, LB 15 City & State 28 Plano, TX Zip Country 29 75093 30 USA
--	---

3. Date Incorporated or Qualified 07/06/1994	4. FEI Number 75-2547985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCT	<input type="checkbox"/> DELETE	1.1 TITLE PCT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCOTT, THOMAS D		1.2 NAME Scott, Thomas D	
STREET ADDRESS 17103 PRESTON RD #180, LOCK BOX 122		1.3 STREET ADDRESS 2901 Dallas Pkwy, Suite 345, LB 15	
CITY-ST-ZIP DALLAS TX		1.4 CITY-ST-ZIP Plano, TX 75093	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PROVENE, MINDY		2.2 NAME Provence, Mindy	
STREET ADDRESS 17103 PRESTON RD #180, LOCK BOX 122		2.3 STREET ADDRESS 2901 Dallas Pkwy, Ste345, LB 15	
CITY-ST-ZIP DALLAS TX		2.4 CITY-ST-ZIP Plano, TX 75093	
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 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, with all other like empowered.

SIGNATURE:

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

REQUIRED
Mindy Provence, Secretary

1/14/99

Date

Daytime Phone #

CR2E034 (1/1/98)