

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90031 001 \*\*\*150.00

0511486 A1

**DOCUMENT # F94000003540**  
 1. Entity Name  
**FLORIDA PREFERRED CARE HEALTH FACILITIES II, 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**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number **75-2547985** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**CORPORATION SERVICE COMPANY** Name  
**1201 HAYS STREET** Street Address (P.O. Box Number is Not Acceptable)  
**TALLAHASSEE FL 32301** 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCT SCOTT, THOMAS D 2901 DALLAS PKWY., STE. 345, LB 15 PLANO TX 75093</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCT Scott, Thomas D. 5212 Village Creek Dr. Plano, TX 75093</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PROVENE, MINDY 2901 DALLAS PKWY., STE. 345, LB 15 PLANO TX 75093</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Provence, Mindy 5212 Village Creek Dr. Plano, TX 75093</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Anderson, Gary 5212 Village Creek Dr. Plano, TX 75093</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Lunford, Gene 5212 Village Creek Dr. Plano, TX 75093</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **Secretary** **4/27/02** **922 931 3800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)