



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000003540 1. Entity Name FLORIDA PREFERRED CARE HEALTH FACILITIES II, INC.	
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Principal Place of Business 5212 VILLAGE CREEK DRIVE PLANO, TX 75093 US	Mailing Address 5212 VILLAGE CREEK DRIVE PLANO, TX 75093 US
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DO NOT WRITE IN THIS SPACE

	
04282004 No Chg-P	CR2E034 (10/03)
4. FEI Number 75-2547985	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000157361 05/06/04-80023-019 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCOTT, THOMAS D 5212 VILLAGE CREEK DR. PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PROVENCE, MINDY 5212 VILLAGE CREEK DRIVE PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, GARY 5212 VILLAGE CREEK DRIVE PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUNCEFORD, GENE 5212 VILLAGE CREEK DRIVE PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Luncford VP Gene Luncford 4/26/04 9129313500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #