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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000001337 (3)

1. Corporation Name

FOUNTAINHEAD ADMINISTRATORS, INC.

Principal Place of Business

916 CAPITAL OF TEXAS HIGHWAY  
AUSTIN TX 78746

Mailing Address

7301 N. 16TH STREET  
#201  
PHOENIX AZ 85020-5273



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

02/23/1996

4. FEI Number

74-2711172

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	DP	<input type="checkbox"/> DELETE
NAME	CHOATE, ROBERT	
STREET ADDRESS	916 CAPITAL OF TEXAS HIGHWAY	
CITY - ST - ZIP	AUSTIN TX 78746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LYNN	
STREET ADDRESS	916 CAPITAL OF TEXAS HIGHWAY	
CITY - ST - ZIP	AUSTIN TX 78746	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	EAGLE, JOHN	
STREET ADDRESS	916 CAPITAL OF TEXAS HIGHWAY	
CITY - ST - ZIP	AUSTIN TX 78746	
TITLE	VPFT	<input checked="" type="checkbox"/> DELETE
NAME	DULIN, JOSEPH	
STREET ADDRESS	7301 N. 16TH ST., STE. 201	
CITY - ST - ZIP	PHOENIX AZ 85020	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SARA, WENDY	
STREET ADDRESS	7301 N. 16TH ST., STE. 201	
CITY - ST - ZIP	PHOENIX AZ 85020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP/CFO & Treas
4.3 STREET ADDRESS	W. JOSEPH MARTIN
4.4 CITY - ST - ZIP	7301 N. 16TH ST., #201 PHOENIX, AZ 85020
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy Sara, Sec. 4-24-97

602-371-38600

CR2E034 (9/96)