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Mailing Address

PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9500001337

Principal Place of Business

FOUNTAINHEAD ADMINISTRATORS, INC.

Applied For Applied For Suite, Apt. #, etc. Suite, Apt. #,	916 CAPITAL OI AUSTIN TX 7874	F TEXAS HIGHWAY 16	7301 N, 16TH STREET #201 PHOENIX AZ 85020			DO NOT WRITE IN TH 3. Date incorporated or Qualifed 03/21/1995	IS SPACE		
Suife, Apt. #, etc. Suife, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address				Ap	plied For	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Country City & State 28 Country Zip Zip	<u> </u>					74-2711172	No	t Applicable	
City & State Country City & State Country City & State City & State		#. etc.				_	\$8.75	Additional	
City & State City & State City & State City & State Country Zip Zip		_	27			5. Certificate of Status Desired	Fee.Re	quired	
Zip Country Zip Country St. This corporation were the current year intangible personal Property Tax. Cytes						6. Election Campaign Financing	\$5.00	May Be	
210 25 29 30 30 Personal Property Tax: I'ves I	23		28			Trust Fund Contribution	Added t	o Fees	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1201 HAYS ST TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) T1. 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, 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, 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, and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of directors. I hereby accept the appointment as registered agent, and the state of directors. I hereby accept the appointment as registered agent, and the state of directors. I hereby accept the appointment as registered agent, and the state of directors. I hereby accept the appointment as registered agent, and the state of directors. I hereby accept the appointment as registered agent, and the state of directors. I hereby accept the appointment as registered agent, and the state of directors. I hereby accept the appointment as registered		Country	Zip Cour			8. This corporation owes the current year	ntangible		
10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1201 HAYS ST TALLAHASSEE FL 32301 81 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 82 City FL 83 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered dispet and title 4 application. OFFICIERS AND DIRECTORS TITLE DP CHOATE, ROBERT 12. NAME DP CHOATE, ROBERT 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME Milton Wilkinson STREET ADDRESS OCTY-ST-ZP AUSTIN TX 78746 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME Milton Wilkinson 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZP Milton Wilkinson 15. NAME Milton Wilkinson 15. NAME Milton Wilkinson 15. NAME Milton Wilkinson 15. AUSTIN TX 78746 16. Change AUSTIN TX 78746 17. PART AUSTIN TX 78746 TITLE AVP AUSTIN TX 78746 TITLE AVP AVP AVP AVENUAL ACTIV-ST-ZP AUSTIN TX 78746 TITLE VP/T AUSTIN TX 78746 TITLE VP/T AUSTIN TX 78746 AUSTIN TX 78746 TITLE VP/T AUSTIN TX 78746 AUSTIN TX 78746 TITLE VP/T AUSTIN TX 78746 AUSTI	24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□No	
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PHOENIX AZ 85020 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

SARA, WENDY

PHOENIX AZ 85020

DICKSON, LAURA

7301 N. 16TH ST., STE. 201

7301 N 16TH ST, SUITE 201

Wendy Sara

XXDELETE

1-12-99 602/371-3860

Mar 02, 1999 8:00 am

Secretary of State

03-02-1999 90061 039 ***150.00

☐ Addition