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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90015 002 ***450.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004597

1. Corporation Name

BRC HEALTH CARE, INC.

Principal Place of Business

**BUSINESS RECORDS CORPORATION
1111 W. MOCKINGBIRD, SUITE 1400
DALLAS TX 75247**

Mailing Address

**BUSINESS RECORDS CORPORATION
1111 W. MOCKINGBIRD, SUITE 1400
DALLAS TX 75247**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1995

4. FEI Number

93-0586355

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2828 N. Haskell Ave
Suite, Apt. #, etc.

22 10th Floor

City & State

23 Dallas Texas 75204

Zip Country

24 25 USA

2a. Mailing Address

26 2828 N. Haskell Ave.
Suite, Apt. #, etc.

27 10th Floor

City & State

28 Dallas Texas 75204

Zip Country

29 30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **VD** ☒ DELETE
NAME **ESPING, P.E.**
STREET ADDRESS **1111 W. MOCKINGBIRD LANE, SUITE 1400**
CITY-ST-ZIP **DALLAS TX 75247**

TITLE **P** ☒ DELETE
NAME **CARROLL, CLIFF**
STREET ADDRESS **1111 W MOCKINGBIRD #1400**
CITY-ST-ZIP **DALLAS TX**

TITLE **S** ☒ DELETE
NAME **KIRALY, THOMAS**
STREET ADDRESS **1111 W. MOCKINGBIRD LANE, SUITE 1400**
CITY-ST-ZIP **DALLAS TX 75247**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President** ☒ Change ☒ Addition
12 NAME **Harvey Braswell**
13 STREET ADDRESS **2828 N. Haskell Ave. 10th Fl**
14 CITY-ST-ZIP **Dallas TX 75204**

21 TITLE **Director/Secretary** ☐ Change ☒ Addition
22 NAME **David W. Black**
23 STREET ADDRESS **2828 N. Haskell Ave. 10th Fl**
24 CITY-ST-ZIP **Dallas TX 75204**

31 TITLE **Director** ☐ Change ☒ Addition
32 NAME **Jeffrey A. Rich**
33 STREET ADDRESS **2828 N. Haskell 10th Fl**
34 CITY-ST-ZIP **Dallas TX 75204**

41 TITLE **Director** ☐ Change ☒ Addition
42 NAME **Henry Hortenstine**
43 STREET ADDRESS **2828 N. Haskell Ave. Dallas TX 75204**
44 CITY-ST-ZIP

51 TITLE **Treasurer** ☐ Change ☒ Addition
52 NAME **Nancy P. Vineyard**
53 STREET ADDRESS **3988 N. Central Expressway Dallas TX 75204**
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

David W. Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

2/8/99

Date

214-841-6197

Daytime Phone #

CR2E034 (11/98)