

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H01626 (1)

1. Corporation Name

HEALTHCARE PREFERRED, INC.



Principal Place of Business
c/o Scott Miller
601 E. ROLLINS
ORLANDO FL 32803

Mailing Address
c/o SCOTT MILLER
601 E. ROLLINS
ORLANDO FL 32803

3. Date Incorporated or Qualified 04/15/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 51-8661186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

JOHNSON, SANDRA K
601 E ROLLINS ST
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81. Name SCOTT A. MILLER
82. Street Address (P.O. Box Number is Not Acceptable) 601 EAST ROLLINS STREET
83.
84. City ORLANDO
85. Zip Code 32803

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: Scott A. Miller DATE: 2-8-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SANDRA K	1.2 NAME	DON BOHANNON
STREET ADDRESS	10 STONEGATE NORTH	1.3 STREET ADDRESS	7430 COLONIAL COURT
CITY-STATE-ZIP	LONGWOOD FL	1.4 CITY-STATE-ZIP	SANFORD, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINGS, DES, JR.	2.2 NAME	RICHARD REITER
STREET ADDRESS	2249 PARK VILLAGE PL	2.3 STREET ADDRESS	1816 LOST PINE LANE
CITY-STATE-ZIP	APOPKA FL	2.4 CITY-STATE-ZIP	APOPKA, FL 32703
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHANNON, DON	3.2 NAME	JOHN BROWDLOW
STREET ADDRESS	7430 COLONIAL COURT	3.3 STREET ADDRESS	1225 MARTY BLVD
CITY-STATE-ZIP	SANFORD FL	3.4 CITY-STATE-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, SCOTT	4.2 NAME	PENNY L. KROKER
STREET ADDRESS	8625 CONTOURA DR	4.3 STREET ADDRESS	P.O. BOX 3126
CITY-STATE-ZIP	ORLANDO FL	4.4 CITY-STATE-ZIP	APOPKA, FL 32703
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Ray Mithan
STREET ADDRESS		5.3 STREET ADDRESS	500 WINDERLEY PLACE, Suite 120
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	MAIFLAND, FL 32751
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	SCOTT MILLER
STREET ADDRESS		6.3 STREET ADDRESS	8625 CONTOURA DR.
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	ORLANDO, FL 32801

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Penny L. Kroker PENNY L. KROKER DATE: 2-1-96 (407) 897-1511

CR2E034 (12/95)