SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 11 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27541** **(2)**

1. Corporation Name
PREFERRED HEALTH CARE LTD., INCORPORATED

Principal Place of Business	Mailing Address
3110 FAIRVIEW PARK DRIVE 12TH FLOOR FALLS CHURCH VA 22042 US	3110 FAIRVIEW PARK DRIVE 12TH FLOOR Attn: Charles Winters FALLS CHURCH VA 22042 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1990
3a. Date of Last Report: 07/20/1994
4. FEI Number: 13-3178743 ☐ 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

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

9. Name and Address of Current Registered Agent

CLEARY, MARY ELLEN
C/O PREFERRED HEALTH CARE LTD.
1715 N. WESTSHORE BLVD.
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1511 N. Westshore Blvd.
83 c/o Preferred Health Care, LTD.
84 City Tampa FL 85 Zip Code 33607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	THOMAS, JOHN M.	1.2 NAME	Tooke, Charlton	
STREET ADDRESS	3110 FAIRVIEW PARK DRIVE	1.3 STREET ADDRESS	3110 Fairview Park Drive	
CITY-ST-ZIP	FALLS CHURCH VA	1.4 CITY-ST-ZIP	Falls Church VA 22042	
TITLE	COF	2.1 TITLE	COO	☒ Change ☐ Addition
NAME	NEIDICH, GEORGE	2.2 NAME	Hill, John	
STREET ADDRESS	3110 FAIRVIEW PARK DRIVE	2.3 STREET ADDRESS	3110 Fairview Park Drive	
CITY-ST-ZIP	FALLS CHURCH VA	2.4 CITY-ST-ZIP	Falls Church, VA 22042	
TITLE	CFO	3.1 TITLE		☐ Change ☐ Addition
NAME	MINOR, R. CHRISTOPHER	3.2 NAME		
STREET ADDRESS	3110 FAIRVIEW PARK DRIVE	3.3. STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH VA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LENDMAN, WILLIAM M.	4.2 NAME	Robert Patricelli	
STREET ADDRESS	205 MONACO BEACH CLUB	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE	VCFO	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HOYT, WILLIAM V.	5.2 NAME	William McBride	
STREET ADDRESS	315 SCHOONER DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MESCON, MICHEAL, PH.D.	6.2 NAME	Steven Shulman	
STREET ADDRESS	60 EXECUTIVE PARKWAY S.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: R. Charlton Tooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178487 FN