

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P27541 (2)**  
1. Corporation Name

**PREFERRED HEALTH CARE LTD., INCORPORATED**



Principal Place of Business: 3110 FAIRVIEW PARK DRIVE, 12TH FLOOR, FALLS CHURCH VA 22042 US  
Mailing Address: 3110 FAIRVIEW PARK DRIVE, ATTN: CHARLES WINTERS, FALLS CHURCH VA 22042 US

3. Date Incorporated or Qualified: 01/02/1990  
3a. Date of Last Report: 07/11/1995  
4. FEI Number: 13-3178743  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

**g. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

CLEARY, MARY ELLEN  
C/O PREFERRED HEALTH CARE LTD.  
1511 N WESTSHORE BLVD  
TAMPA FL 33607

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CEO	TOOKE, CHARLTON	1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3110 FAIRVIEW PARK DRIVE	FALLS CHURCH VA	2.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP: FALLS CHURCH VA		2.2 NAME: Gregory Saunders	
TITLE: COO	HILL, JOHN	2.3 STREET ADDRESS: 22 Waterville Rd	
STREET ADDRESS: 3110 FAIRVIEW PARK DRIVE	FALLS CHURCH VA	2.4 CITY-ST-ZIP: Avon, CT 06001	
CITY-ST-ZIP: FALLS CHURCH VA		3.1 TITLE: CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CFO	MINOR, R. CHRISTOPHER	3.2 NAME: Scott Yturria	
STREET ADDRESS: 3110 FAIRVIEW PARK DRIVE	FALLS CHURCH VA	3.3 STREET ADDRESS: 310 Fairview Park Drive	
CITY-ST-ZIP: FALLS CHURCH VA		3.4 CITY-ST-ZIP: Falls Church, VA 22042	
TITLE: D	PATRICELLI, ROBERT	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 205 MONACO BEACH CLUB	NAPLES FL	4.2 NAME:	
CITY-ST-ZIP: NAPLES FL		4.3 STREET ADDRESS: 22 Waterville Rd	
TITLE: D	MCBRIDE, WILLIAM	4.4 CITY-ST-ZIP: Avon, CT 06001	
STREET ADDRESS: 315 SCHOONER DRIVE	STAMFORD CT	5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: STAMFORD CT		5.2 NAME:	
TITLE: D	SHULMAN, STEVEN	5.3 STREET ADDRESS: 22 Waterville Rd	
STREET ADDRESS: 60 EXECUTIVE PARKWAY S.	ATLANTA GA	5.4 CITY-ST-ZIP: Avon, CT 06001	
CITY-ST-ZIP: ATLANTA GA		6.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	
		6.3 STREET ADDRESS: 22 Waterville Rd	
		6.4 CITY-ST-ZIP: Avon, CT, 06001	

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: \_\_\_\_\_ DATE: 4/23/96

CR2E034 (12/95)