

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: CAHRLS WINTERS
FALLS CHURCH VA 22042
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1990		3a. Date of Last Report 07/11/1995	
21		26		4. FEI Number 13-3178743		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CLEARY, MARY ELLEN
C/O PREFERRED HEALTH CARE LTD.
1511 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)
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

Signature, typed or printed name of registered agent and title if applicable.

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKE, CHARLTON	1.2 NAME	
STREET ADDRESS	3110 FAIRVIEW PARK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA	1.4 CITY-ST-ZIP	
TITLE	COO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, JOHN	2.2 NAME	Gregory Saunders
STREET ADDRESS	3110 FAIRVIEW PARK DRIVE	2.3 STREET ADDRESS	22 Waterville Rd
CITY-ST-ZIP	FALLS CHURCH VA	2.4 CITY-ST-ZIP	Avon, CT 06001
TITLE	CFO <input type="checkbox"/> DELETE	3.1 TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINOR, R. CHRISTOPHER	3.2 NAME	Scott Yturria
STREET ADDRESS	3110 FAIRVIEW PARK DRIVE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICELLI, ROBERT	4.2 NAME	
STREET ADDRESS	205 MONACO BEACH CLUB	4.3 STREET ADDRESS	22 Waterville Rd
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Avon, CT 06001
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, WILLIAM	5.2 NAME	
STREET ADDRESS	315 SCHOONER DRIVE	5.3 STREET ADDRESS	22 Waterville Rd
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	Avon, CT 06001
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULMAN, STEVEN	6.2 NAME	
STREET ADDRESS	60 EXECUTIVE PARKWAY S.	6.3 STREET ADDRESS	22 Waterville Rd
CITY-ST-ZIP	ATLANTA GA	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (12/95)