## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P27541

**FILED** Jul 07 1997 8:00 am Secretary of State

PREFER	RED HEALTH CARE LTD.,	INCORPORATED			
Principal Place	e of Business	Mailing Address		I ROBINDON HID RIGHT BOOK BANKA DIDDI	
3110 FAIRVIEW PARK DRIVE 12TH FLOOR FALLS CHURCH VA 22042		3110 FAIRVIEW PARK DRIVE ATTN: CAMPILES WINTERS FALLS CHURCH VA 22042-4503 US		a. Data Incomparated at Qualific	d 3a. Date of Last Report
US		03		<ol> <li>Date Incorporated or Qualified</li> <li>01/02/1990</li> </ol>	05/01/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		13-3178743	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	<del>.</del>	6. Election Campaign Financing	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		or intangible tax under s. 199.032,
24	9. Name and Address of Curre	29 3	10	Florida Statutes  10. Name and Address of New	Yes No
A VOIE					
	'ary, mary ellen   Preferred Health Care Li	rn .	81 Name	CT Corporation	System
	1 N WESTHSORE BLVD		82 Street	Address (P.O. Box Number is Not Accept South Pine Isl	and Road
	IPA FL 33607		83		
			84 City	01 - 1 - 1 2 -	85 Zip Code
	***		"Y	lantation	FL   33324
office or r	to the provisions of Sections 607.050 egi <mark>ster</mark> ed agenly or both, in the State	02 and 607.1508, Florida Statules o of Florida. Such change was au	s, the above-named thorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acc	e purpose of changing its registered cept the appointment as registered
1	m familiar with and accept the oblig				
SIGNATURE		KEV1 ent and title if applicable (NOTE)	n J. Gall. Rogistered Agent signature	Lagher, Asst. Vice	DATE 0/23/91
12.		ID DIRECTORS	13.	<del></del>	FICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOOKE, CHARLTON		1.2 NAME		
STREET ADDRESS	3110 FAIRVIEW PARK DRIVE FALLS CHURCH VA		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	C CUOUNOU AY	<b>N</b> DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	secretary	Change Addition
NAME	SAUNDERS, GREGORY		2.2 NAME	Dorthula H. Powell . 3110 Fairview Park	- Woodson
STREET ADDRESS	22 WATERVILLE RD		2.3 STREET ADDRESS	3110 Fairview Park	Dr.
CITY-ST-ZIF	AVON CT		2 4 CITY - S1 - ZIP	Falls Church, VA	22042
TITLE	CF0	☐ DELETE	3.1 TITLE		Change Addition
NAME	YTURRIA, SCOTT		3.2 NAME		
STREET ADORESS	3110 FAIRVIEW PARK DRIVE FALLS CHURCH VA		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D CHURCH VA	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	PATRICELLI, ROBERT		4. 2 NAME		
STREET ADDRESS	22 WATERVILLE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	AVON CT		4.4 CITY - ST - ZIP		
TITLE	D	DELETE	5.1 TOLE	Dredo	☐ Change 🔀 Addition
NAME	MCBRIDE, WILLIAM	•	5.2 NAME	Tooke Charling	
STREET ADDRESS	22 WATERVILLE RD		5.3 STREET ADDRESS	3110 Fairview Park I Fails Church, VA 220	onive
CITY-ST-ZIP	AVON CT	DELETE	5.4 CITY - ST - ZIP	Faischurth, VA 220	042
TITLE	D CHILD AND CTENED	☐ DELETE	6.1 TITLE	The state of the s	Change Addition
NAME STREET ADDRESS	SHULMAN, STEVEN 22 WATERVILLE RD		6.2 NAME 6.3 STREET ADDRESS	6000021 -06/03/9701	.36.3.36 11161115
CITY-ST-ZIP	AVON CT		G.4 CITY - S1 - ZIP	***330.00	and the

14. I do 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.