

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90016 024 \*\*\*150.00

DOCUMENT # P27541

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1990

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 240 Corporate Blvd.

Suite, Apt. #, etc.

27 ATTN: Becky White

City & State

28 Norfolk, VA

Zip

29 23502

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME TOOKE, CHARLTON  
STREET ADDRESS 3110 FAIRVIEW PARK DRIVE  
CITY-ST-ZIP FALLS CHURCH VA

TITLE S ☒ DELETE  
NAME POWELL-WOODSON, DORTHULA H  
STREET ADDRESS 3110 FAIRVIEW PARK DRIVE  
CITY-ST-ZIP FALLS CHURCH VA 22042

TITLE CFO ☒ DELETE  
NAME YTURRIA, SCOTT  
STREET ADDRESS 3110 FAIRVIEW PARK DRIVE  
CITY-ST-ZIP FALLS CHURCH VA

TITLE SVP ☒ DELETE  
NAME DONAHEY, KENNETH C  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN 37203

TITLE D ☒ DELETE  
NAME TOOKE, CHARLTON  
STREET ADDRESS 3110 FAIRVIEW PARK DRIVE  
CITY-ST-ZIP FALLS CHURCH VA 22042

TITLE VPD ☒ DELETE  
NAME ELTON, ROSALYN S  
STREET ADDRESS ONE PARK PLAZA  
CITY-ST-ZIP NASHVILLE TN 37203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME Ronald I. Dozoretz, M.D.  
1.3 STREET ADDRESS 240 Corporate Blvd.  
1.4 CITY-ST-ZIP Norfolk, VA 23502

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Edward C. Irby  
2.3 STREET ADDRESS 240 Corporate Blvd.  
2.4 CITY-ST-ZIP Norfolk, VA 23502

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME Gloria J., Nuss  
3.3 STREET ADDRESS 240 Corporate Blvd.  
3.4 CITY-ST-ZIP Norfolk, VA 23502

4.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME Michael A. Taylor  
4.3 STREET ADDRESS 240 Corporate Blvd.  
4.4 CITY-ST-ZIP Norfolk, VA 23502

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME Don J. Fowls  
5.3 STREET ADDRESS 3110 Fairview Park Dr.  
5.4 CITY-ST-ZIP Falls Church, VA 22042

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME Edward E. Hackett  
6.3 STREET ADDRESS 3110 Fairview Park Dr.  
6.4 CITY-ST-ZIP Norfolk, VA 22042

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-99

757-459-5700

CR2E034 (11/98)

Preferred Health Care, Ltd.  
Officers and Directors

475561-90016-24  
P27541

TITLE	NAME	CORPORATE ADDRESS
President	Ronald I. Dozoretz	240 Corporate Boulevard Norfolk, VA 23502
Vice President	Don J. Fowls	240 Corporate Boulevard Norfolk, VA 23502
Vice President	Edward E. Hackett	3110 Fairview Park Dr. Falls Church, VA 22042
Vice President	John M. Hill	3110 Fairview Park Dr. Falls Church, VA 22042
Vice President	Edward C. Irby, Jr.	240 Corporate Boulevard Norfolk, VA 23502
Secretary	Gloria J. Nuss	240 Corporate Boulevard Norfolk, VA 23502
Asst. Secretary	Kevin Dwyer	3110 Fairview Park Drive Falls Church, VA 22042
Treasurer	Michael A. Taylor	240 Corporate Boulevard Norfolk, VA 23502
Asst. Treas.	Thomas E. Oram	240 Corporate Boulevard Norfolk, VA 23502

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Director	Ronald I. Dozoretz
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