2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006698

1. Entity Name
PREFERRED HEALTH FOUNDATION, CORPORATION

Principal Place of Business	Mailing Address
1819 MAIN STREET SUITE 401 SARASOTA, FL 34236 US	1819 MAIN STREET SUITE 401 SARASOTA, FL 34236 US

04212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
84-1515890
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHEELER, RONALD E M.D.
1819 MAIN STREET
SUITE 401
SARASOTA, FL 34236

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	WHEELER, SHELLEY
STREET ADDRESS	1819 MAIN ST STE 401
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	T
NAME	WHEELER, DENNIS
STREET ADDRESS	1057 MAC INTOSH LN
CITY-ST-ZIP	FLORENCE, KY 41042
TITLE	T
NAME	WHEELER, RONALD E
STREET ADDRESS	1819 MAIN ST STE 401
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80144-001 61.25

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12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shelley Wheeler 4/28/05 9413629710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #