

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 1819 MAIN STREET SUITE 401 SARASOTA, FL 34236 US	Mailing Address 1819 MAIN STREET SUITE 401 SARASOTA, FL 34236 US
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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 reappointing) **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
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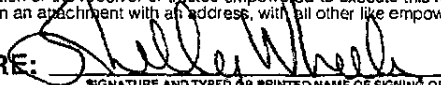
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHEELER, SHELLEY 1819 MAIN ST STE 401 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEELER, DENNIS 1057 MAC INTOSH LN FLORENCE, KY 41042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEELER, RONALD E 1819 MAIN ST STE 401 SARASOTA, FL 34236
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/28/05** **9413629910**
Date Daytime Phone #