

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006698

FILED
May 01, 2006
Secretary of State

Entity Name: PREFERRED HEALTH FOUNDATION, CORPORATION

Current Principal Place of Business:

1819 MAIN STREET
SUITE 401
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1819 MAIN STREET
SUITE 401
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 84-1515890 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: WHEELER, SHELLEY
Address: 1819 MAIN ST STE 401
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: WHEELER, DENNIS
Address: 1057 MAC INTOSH LN
City-St-Zip: FLORENCE, KY 41042

Title: T () Delete
Name: WHEELER, RONALD E
Address: 1819 MAIN ST STE 401
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY WHEELER

ST

05/01/2006

Electronic Signature of Signing Officer or Director

Date