

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006698

FILED  
Mar 06, 2008  
Secretary of State

**Entity Name:** PREFERRED HEALTH FOUNDATION, CORPORATION

**Current Principal Place of Business:**

1250 S. TAMIAMI TRAIL  
SUITE 101 N.  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

22 LINKS AVENUE  
SUITE 204  
SARASOTA, FL 34236 US

**Current Mailing Address:**

1250 S. TAMIAMI TRAIL  
SUITE 101 N  
SARASOTA, FL 34239 US

**New Mailing Address:**

**FEI Number:** 84-1515890      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WHEELER, RONALD E M.D.  
1250 S. TAMIAMI TRAIL  
SUITE 101 N  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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: 1250 S. TAMIAMI TRAIL, SUITE 101 N.  
City-St-Zip: SARASOTA, FL 34239

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: 1250 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

**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 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

03/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date