


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90013 015 \*\*\*158.75

**DOCUMENT # P05000114630**  
 1. Entity Name  
**PREFERRED HEALTH SOLUTIONS INC**



Principal Place of Business  
**6625 MIAMI LAKES DRIVE**  
**SUITE #228 230**  
**MIAMI LAKES, FL 33014**

Mailing Address  
**6625 MIAMI LAKES DRIVE**  
**SUITE #228 230**  
**MIAMI LAKES, FL 33014**

**DO NOT WRITE IN THIS SPACE**

02222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3338427**

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

Applied For	
Not Applicable	

6. Name and Address of Current Registered Agent

~~GONZALEZ, MELISSA~~  
~~5099 NW 7TH STREET~~  
~~UNIT 1203~~  
~~MIAMI, FL 33126~~

**6625 Miami Lakes Dr**  
**suite 230**  
**Miami Lakes, FL**  
**33014**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<del>PB</del>
NAME	<del>GONZALEZ, MELISSA</del>
STREET ADDRESS	<del>5099 NW 7TH STREET UNIT 1203</del>
CITY-ST-ZIP	<del>MIAMI FL 33126</del>
TITLE	<b>PD</b>
NAME	<b>Gonzalez, Melissa</b>
STREET ADDRESS	<b>6625 Miami Lakes Dr. Suite 230</b>
CITY-ST-ZIP	<b>Miami Lakes, FL 33014</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

**2/22/07 (305) 779-8581**  
 Date Daytime Phone #