

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077145

FILED
Feb 04, 2005
Secretary of State

Entity Name: PREFERRED CLINICAL SERVICES, INC.

Current Principal Place of Business:

1320 S.E. 25TH LOOP
SUITE 103
OCALA, FL 34471 US

New Principal Place of Business:

1315 S.E. 25TH LOOP
SUITE 102
OCALA, FL 34471 US

Current Mailing Address:

1320 S.E. 25TH LOOP
SUITE 103
OCALA, FL 34471 US

New Mailing Address:

1315 S.E. 25TH LOOP
SUITE 102
OCALA, FL 34471 US

FEI Number: 59-3664701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, TIMOTHY L
1320 S.E. 25TH LOOP
SUITE 103
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SULLIVAN, TIMOTHY L
1315 S.E. 25TH LOOP
SUITE 102
OCALA, FL 34471 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: TIMOTHY SULLIVAN

02/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: SULLIVAN, TIMOTHY L
Address: 6858 S.E. 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: S () Delete
Name: MATZ, RITA J
Address: 3755 S.E. 139TH STREET
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: VP (X) Delete
Name: MARSH, CAROLYN
Address: 843 S.E. 131ST STREET
City-St-Zip: OCALA, FL 34480 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/TR (X) Change () Addition
Name: SULLIVAN, ELLEN R
Address: 6858 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480 US

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY L SULLIVAN

D/P

02/04/2005

Electronic Signature of Signing Officer or Director

Date