

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90484 023 ***150.00

DOCUMENT # P 00000089090	
1. Entity Name	
Preferred Consultants, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1459 West Busch Blvd. Suite, Apt. #, etc.		3. Mailing Address 1459 West Busch Blvd. Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33612	Country USA	Zip 33612	Country USA

4. FEI Number 59-3672220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

94066228

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Stephen F. Chambers, M.D.	
Street Address (P.O. Box Number is Not Acceptable) 1459 West Busch Blvd.	
City Tampa	State FL
Zip Code 33612	

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  **Stephen F. Chambers, M.D.** **4/20/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Stephen F. Chambers M.D. 1459 West Busch Blvd. Tampa, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Nancy H. Corbett 1459 West Busch Blvd. Tampa, FL 33612	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Stephen F. Chambers M.D. \ Director** **4/20/2004** **(813) 932-5150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #