2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90056 023 ***150.00

0193570 AV

DOCUMENT # P01000028664

1. Entity Name
PREFERRED HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
3626 N.W. 7TH STREET MIAMI FL 33125	3626 N.W. 7TH STREET MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3628 N.W. 7 STREET	3628 N.W. 7 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FLORIDA	City & State: Miami, FLORIDA
Zip: 33125 Country:	Zip: 33125 Country:

4. FEI Number: 65-1087011 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OTANO, MARIA
15601 S.W. 106TH AVENUE
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name: OTANO, MARIA
Street Address (P.O. Box Number is Not Acceptable): 3628 N.W. 7 STREET
City: Miami FL Zip Code: 33125

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.

SIGNATURE: [signature] 1/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OTANO, MARIA 15601 SW 106TH AVENUE MIAMI FL 33157	☐ Delete	PD OTANO, MARIA 3628 N.W. 7 STREET MIAMI, FL. 33125	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/30/02 305-541-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)