


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90074 040 \*\*\*150.00

0126640 AT

|   |   |
|---|---|
| <b>DOCUMENT #</b> P01000077559                      |  |
| 1. Entity Name<br><b>PREFERRED HEALTHCARE, P.A.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2000 PREVATT STREET SUITE B<br/>EUSTIS FL 32726</b> | Mailing Address<br><b>2000 PREVATT STREET SUITE B<br/>EUSTIS FL 32726</b> |
|---|---|

|                                |         |  |                       |
|--------------------------------|---------|--|-----------------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>P.O. Box 1330</b> |                       |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                        |                       |
| City & State                   |         | City & State<br><b>Eustis, FL</b>          |                       |
| Zip                            | Country | Zip<br><b>32727-1330</b>                   | Country<br><b>USA</b> |



☐ CHECK HERE IF MAKING CHANGES

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-3736126</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>FORD, ANGELA D ARNP<br/>2000 PREVATT STREET SUITE B<br/>EUSTIS FL 32726</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|---|--|---|--|

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 \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 10, 2003 Fee will be \$750.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FORD, ANGELA D<br/>2000 PREVATT STREET SUITE B<br/>EUSTIS FL 32726</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D/P<br/>Ford, Angela D<br/>2000 Prevatt Street Suite B<br/>Eustis, FL 32726</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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

**SIGNATURE:** Angela D Ford **SIGNATURE REQUIRED** Angela D Ford **7-11-03** (352) 357-7857  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

July 11, 2003

Attachment  
PD1000077559  
# 90144393

From: Preferred Healthcare, P.A.  
2000 Prevatt Street, Suite B  
Eustis, FL 32726  
(352) 357-7857  
FEI # 59-3736126

To: Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed you will find the 2003 for profit corporation uniform business report, along with a check for \$150.00. I am requesting that the late fee be waived due to the corporation did not receive prior notice. Thank you for your time in this matter. Please feel free to call me if you have any questions.

Sincerely,

*Angela D. Ford*

Angela D. Ford  
President/Director