


FILED
Apr 09, 2002 8:00 am
Secretary of State

FROM :

PHONE NO. :

04-09-2002 90734 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # D01000099423	
17 Entity Name Preferred Health Associates, Inc.	
1. Principal Place of Business # 19-C 6346-65 Lantana Rd Lake Worth, FL 33463	Mailing Address # 19C 6346-65 Lantana Rd Lake Worth, FL 33463
<i>Change of address 80061700</i>	
	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 3209 SW Port St. Lucie Blvd State, Apt. #, etc. DMB 114	3. Mailing Address 3209 SW Port St. Lucie Blvd Suite, Apt. #, etc. DMB 114
4. FEI Number 65-1143973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Rudolph, Peter 305 North Pompano Beach Blvd #1510 Pompano Beach, FL 33062	7. Name and Address of New Registered Agent
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: <i>Peter Rudolph</i> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning.) DATE:</small>	
9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so <input type="checkbox"/> (See criteria on back)	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$8.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Clough, Brian 3209 SW Port Saint Lucie Blvd DMB114 Port Saint Lucie, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 filers empowered.	
SIGNATURE: <i>Brian Clough</i>	SIGNATURE REQUIRED <i>Brian Clough</i> 4/11/02 772 340-3109
<small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small>	