

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb-19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000094423

1. Entity Name
PREFERRED HEALTH ASSOCIATES, INC.



Principal Place of Business
4590 SW CACAO STREET
PORT SAINT LUCIE, FL 34953

Mailing Address
3209 SW PORT ST LUCIE BLVD
PMB 114
PORT ST LUCIE, FL 34953



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1143973

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLOUGH, BRIAN
4590 SW CACAO STREET
PORT SAINT LUCIE, FL 34953

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000056279
02/19/04-80014-009 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CLOUGH, BRIAN
STREET ADDRESS 4590 SW CACAO STREET
CITY- ST- ZIP PORT SAINT LUCIE, FL 34953

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STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/04

Date

Daytime Phone # _____