


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

DO NOT WRITE IN THIS SPACE



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

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 _____ (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

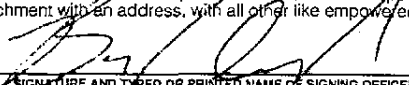
U00000056279
 02/19/04-80014-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLOUGH, BRIAN 4590 SW CACAO STREET PORT SAINT LUCIE, FL 34953
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #