

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90229 035 ***150.00

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
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1st MOORE CR2E034 (10/05)

2. Principal Place of Business 301 SW Buzby Ct. Suite, Apt. #, etc. Port St. Lucie City & State Florida	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 65-1143973	Applied For Not Applicable
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Zip 34953	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 CLOUGH, BRIAN
 4590 SW CACAO STREET
 PORT SAINT LUCIE FL 34953

7. Name and Address of New Registered Agent
 Name: Brian Clough
 Street Address (P.O. Box Number is Not Acceptable):
 301 SW Buzby Ct.
 City: Port St Lucie FL Zip Code: 34953

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P <input type="checkbox"/> Delete	NAME CLOUGH, BRIAN
STREET ADDRESS 3209 SW PORT SAINT LUCIE BLVD., #114	CITY-ST-ZIP PORT SAINT LUCIE FL 34953
TITLE Vice President <input type="checkbox"/> Delete	NAME Griffith, Lori
STREET ADDRESS 6550 Columbia Ave	CITY-ST-ZIP Lake Worth, FL 33467
TITLE Vice President <input type="checkbox"/> Delete	NAME Clough, John
STREET ADDRESS 1323 Osprey Drive	CITY-ST-ZIP Punta Gorda, FL 33950
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Daytime Phone #

[Handwritten Signature] 3/6/06 772-873-5598