

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



2. Principal Place of Business

301 SW Buzzy Ct.

3. Mailing Address

Suite, Apt. #, etc.

Port St. Lucie

Suite, Apt. #, etc.

City & State

Florida

City & State

Zip

34953

Country

USA

Zip

Country

4. FEI Number

65-1143973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

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 Buzzy 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

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, 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

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	Griffith, Lori Vice President	<input type="checkbox"/> Delete
NAME	6550 Columbia Ave	
STREET ADDRESS	Lake Worth, FL	
CITY-ST-ZIP	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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 #

3/6/06

772-873-5598