

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094423

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: PREFERRED HEALTH ASSOCIATES, INC.

**Current Principal Place of Business:**

301 SW BUZBY CT.  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-1143973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLOUGH, BRIAN  
301 SW BUZBY CT  
PORT SAINT LUCIE, FL 34953      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLOUGH, BRIAN  
Address: 3209 SW PORT SAINT LUCIE BLVD., #114  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: V ( ) Delete  
Name: GRIFFITH, LORI  
Address: 6550 COLUMBIA AVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: V ( ) Delete  
Name: CLOUGH, JOHN  
Address: 1323 OSPREY DR  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN CLOUGH

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR.

02/09/2009

\_\_\_\_\_ Date