

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

MR.

02/09/2009

Electronic Signature of Signing Officer or Director

Date