

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088242

FILED
Jun 13, 2005
Secretary of State

Entity Name: PREFERRED HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

600 NORTH THACKER AVENUE
KISSIMMEE, FL 34741

New Principal Place of Business:

590 N. SEMORAN BLVD.
SUITE 400
ORLANDO, FL 32807 US

Current Mailing Address:

600 NORTH THACKER AVENUE
KISSIMMEE, FL 34741

New Mailing Address:

590 N. SEMORAN BLVD.
SUITE 400
ORLANDO, FL 32807 US

FEI Number: 05-0607499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, ROBERT S
441 W. VINE STREET
KISSIMMEE, FL 34741 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAATZ, WILLIAM F
Address: 600 NORTH THACKER AVENUE STE D-39
City-St-Zip: KISSIMMEE, FL 34741

Title: PDST () Delete
Name: HOLLEY, LORETTA M
Address: 600 NORTH THACKER AVENUE STE D-39
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STAATS, WILLIAM F
Address: 590 N. SEMORAN BLVD. STE 400
City-St-Zip: ORLANDO, FL 32807 US

Title: PDST (X) Change () Addition
Name: HOLLEY, LORETTA M
Address: 590 N. SEMORAN BLVD. STE 400
City-St-Zip: ORLANDO, FL 32807 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORETTA M. HOLLEY

PDST

06/13/2005

Electronic Signature of Signing Officer or Director

Date