

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151346

FILED
Jan 25, 2008
Secretary of State

Entity Name: PREFERRED HEALTH RESOURCES, INC.

Current Principal Place of Business:

1819 MAIN STREET STE 240
SARASOTA, FL 34236

New Principal Place of Business:

22 LINKS AVENUE
SUITE 204
SARASOTA, FL 34236

Current Mailing Address:

1819 MAIN STREET STE 240
SARASOTA, FL 34236

New Mailing Address:

22 LINKS AVENUE
SUITE 204
SARASOTA, FL 34236

FEI Number: 20-1847440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHEELER, RONALD E M.D.
1819 MAIN STREET STE 240
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

WHEELER, RONALD E M.D.
22 LINKS AVENUE
SUITE 204
SARASOTA, FL 34236 US

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: RONALD E. WHEELER, M.D.

01/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHEELER, RONALD E M.D.
Address: 1819 MAIN STREET STE 240
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: WHEELER, SHELLEY
Address: 1819 MAIN STREET STE 240
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHEELER, RONALD E M.D.
Address: 22 LINKS AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: WHEELER, SHELLEY
Address: 22 LINKS AVENUE
City-St-Zip: SARASOTA, FL 34236

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: RONALD E. WHEELER, MD

D

01/25/2008

Electronic Signature of Signing Officer or Director

Date