

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151346

FILED
May 10, 2009
Secretary of State

Entity Name: PREFERRED HEALTH RESOURCES, INC.

Current Principal Place of Business:

22 LINKS AVENUE
SUITE 204
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

22 LINKS AVENUE
SUITE 204
SARASOTA, FL 34236

New Mailing Address:

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.
22 LINKS AVENUE
SUITE 204
SARASOTA, FL 34236 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: WHEELER, RONALD E M.D.
Address: 22 LINKS AVENUE
City-St-Zip: SARASOTA, FL 34236

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHELLEY WHEELER

D

05/10/2009

Electronic Signature of Signing Officer or Director

_____ Date