FILED
Jun 16, 2002 8:00 am
Secretary of State
05-21-2002 91192 004 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P93000009150

1. Entity Name
Preferred Health Services

DO NOT WRITE IN THIS SPACE

92866

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8435 4th St. N | 8435 4th St. N, |
| Suite, Apt. #, etc. Suite I | Suite, Apt. #, etc. Suite I |
| City & State St. Petersburg, Fl. | City & State St. Petersburg, Fl. |
| Zip 33702 Country USA | Zip 33702 Country USA |

4. FEI Number 59-3175220S | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Baumann, Phillip A.
Street Address (P.O. Box Number is Not Acceptable) 100 N. Tampa St.
Suite 1900
City Tampa FL Zip Code 33602

8. 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 ______ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | D |
|---|---|
| NAME | Water, Stanley E. |
| STREET ADDRESS | 4634 Longfellow Ave. |
| CITY-ST-ZIP | Tampa, Fl 33629 |

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley E. Water 4-29-02 813-839-8162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #