FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000100757 (9)

PREFERRED HEALTH CARE MANAGEMENT, INC.

FILED May 06 1997 8:00am Secretary of State



k, e ta	e of Businoss	I	Mailing Address				DEDIT BOHL BAHL		1001 1001
11980 ASHFORD LANE DAVIE FL 33325			11990 ASHFORD LANE DAVIE FL 33325-5235						
						3. Date Incorporated or Qualified 12/12/1996	3a. Date o	of Last Ri	eport
2. Principal Place of Business 21			2a. Mailing Address 26			4. FEI Number 0732, 11	5	—	oplied For
Suite, Apt.	# etc.		Suite. Apt. #, etc.						ot Applicable Additional
22	, 5.5	27	1			5. Certificate of Status Desired		Fee Re	
City & State	e		City & State			6. Election Campaign Financing		\$5.00	
23		28]			Trust Fund Contribution		Added 1	
Zip	Coun		Ζip	Countr	ry	8. This corporation has liability for in	ntangible tax	under s	. 199.032,
24	25	29		30			Yes 🔲 N		
	9. Name and Add	ress of Current Reg	istered Agent			10. Name and Address of New Reg	jistered Age	int	
HAD	DAD, HOLLY G			8.	1 Name				
11980 ASHFORD LANE DAVIE FL 33325					2 Street Add	dress (P.O. Box Number is Not Acceptable	le)		
 i	,			8	3				
					4 City		le.	Tio I	Codo
				8	4 City		FL	35 Zip (Code
11. Pursuant office or r	to the provisions of Se registered agent, or bo	ections 607.0502 and oth, in the State of Flo	607.1508, Florida Staturida. Such change was	ites, the abo authorized t	ve-named cor by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of ch t the appoint	anging it Iment as	s registered registered
agent. I a	im familiar with, and ac	ccept the obligations	of, Section 607.0505, F	lorida Statute	es.				
SIGNATURE	Signature, typed or pronted na	and all cook broad Based and I	siz d soulcable 180	11 Countried A	Acrd rigusture too	uired when reinstating)	DATE		
12.		OFFICERS AND DIR		18.	den signature redu	ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE				Change	Addition
NAME	HADDAD, HOLLY	G		1.2 NAME	- 1			-	
STREET ADDRESS	11980 ASHFORD			1.3 STREE	ET ADDRESS				
CITY-ST-ZIP	DAVIE FL 33325			1.4 CITY					
TITLE	DAVIL I C GOOLG		DELETE	2.1 1ITLE				Change	Addition
	DAVIE VE GOOZE		DELETE					Change	Addition
TITLE NAME	DAVIE VE GOODS		☐ DELETE	2.1 TITLE 2.2 NAME				Change	Addition
TITLE NAME STREET ADDRESS:	DATIL TE GOLD		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STRE	E E1 AODRESS			Change	Addilion
TITLE NAME	DAVIE VE VOLED		☐ DELETE	2.1 TITLE 2.2 NAME	E E1 AODRESS -SI-7IP			Change Change	Addition
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Information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Solles

Haddad

3-21-97

964-476-7903