

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078047

FILED  
Feb 24, 2004  
Secretary of State

Entity Name: PREFERRED HEALTHCARE SERVICES, INC.

## Current Principal Place of Business:

3637 4TH STREET N  
230  
ST. PETERSBURG, FL 33704

## New Principal Place of Business:

5001 9TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

## Current Mailing Address:

3637 4TH STREET N  
230  
ST. PETERSBURG, FL 33704

## New Mailing Address:

5001 9TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

FEI Number: 59-3531195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOARIU, JOAN  
3637 4TH STREET N  
SUITE 230  
ST PETERSBURG, FL 33704 US

## Name and Address of New Registered Agent:

BOARIU, IOAN  
5001 9TH AVENUE NORTH  
ST PETERSBURG, FL 33710 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: IOAN BOARIU

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO (X) Delete  
Name: KELLEY, JAMES  
Address: 3637 4TH STREET N  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: P ( ) Delete  
Name: BOARIU, JOAN  
Address: 3637 4TH STREET N  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: S (X) Delete  
Name: KELLEY, JAMES  
Address: 3637 4TH STREET N  
City-St-Zip: ST. PETERSBURG, FL 33704

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BOARIU, JOAN  
Address: 5001 9TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IOAN BOARIU

P

02/24/2004

Electronic Signature of Signing Officer or Director

Date