

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35993

FILED  
Feb 12, 2011  
Secretary of State

**Entity Name:** PREFERENTIAL HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

2600 TECHNOLOGY DRIVE  
SUITE 300  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 53-6576  
ORLANDO, FL 328536576 US

**New Mailing Address:**

**FEI Number:** 59-3155850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARTER, PHILIP L  
Address: 2600 TECHNOLOGY DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32804 US

Title: T  
Name: ALSENE, STEVEN P  
Address: 2600 TECHNOLOGY DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32804 US

Title: SD  
Name: MYERS, REBECCA L  
Address: 2600 TECHNOLOGY DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32804 US

Title: V  
Name: DOBBS, MICHAEL R  
Address: 2600 TECHNOLOGY DRIVE, SUITE 300  
City-St-Zip: ORLANDO, FL 32804 US

I hereby 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 all other like empowered.

SIGNATURE: REBECCA L. MYERS

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02/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date