

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059044

**FILED
Mar 22, 2019
Secretary of State
9679549814CC**

Entity Name: PREFERRED CARE PARTNERS HOLDING, CORP.

Current Principal Place of Business:

9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156

Current Mailing Address:

9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156 US

FEI Number: 65-0683927

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name RODRIGUEZ, ROGER (NMN)
Address 9100 SOUTH DADELAND
 BOULEVARD
City-State-Zip: MIAMI FL 33156

Title SECRETARY
Name MURDOCK, SARAH ANN
Address 9100 SOUTH DADELAND BOULEVARD
 SUITE 1250
City-State-Zip: MIAMI FL 33156

Title TREASURER
Name GILL, PETER MARSHALL
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title ASSISTANT SECRETARY
Name LANG , HEATHER ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name STILLMAN, CRAIG ANDREW
Address 9800 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343

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: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date