

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059044

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 ASSISTANT SECRETARY
Name HUNTLEY, MICHELLE MARIE
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343Title TREASURER
Name OBERRENDER, ROBERT WORTH
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343Title SECRETARY
Name WEIKEL, KRISTINE MARIE
Address 9900 HEALTH CARE LANE
City-State-Zip: MINNETONKA MN 55343Title PRESIDENT, DIRECTOR
Name RODRIGUEZ, ROGER
Address 9100 SOUTH DADELAND BOULEVARD
City-State-Zip: MIAMI FL 33156Title DIRECTOR
Name NOEL, TIMOTHY JOHN
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: MICHELLE MARIE HUNTLEY

ASSISTANT SECRETARY 04/10/2015

Electronic Signature of Signing Officer/Director Detail_____
Date