**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 13, 2013**
**Secretary of State**
**CC7042686394**

DOCUMENT# P98000086626

**Entity Name:** PREFERRED CARE PARTNERS, INC.

**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: 65-0885893**

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 | Title | TREASURER |
| Name | HUNTLEY DILL, MICHELLE MARIE | Name | OBERRENDER, ROBERT WORTH |
| Address | 9900 BREN RAOD EAST | Address | 9900 BREN RAOD EAST |
| City-State-Zip: | MINNETONKA MN 55343 | City-State-Zip: | MINNETONKA MN 55343 |
| Title | SECRETARY | Title | PRESIDENT/DIRECTOR |
| Name | OLSON, CANDY BAJWA | Name | POLICH, CYNTHIA LONGSETH |
| Address | 9800 HEALTH CARE LANE | Address | 9800 HEALTH CARE LANE |
| City-State-Zip: | MINNETONKA MN 55343 | 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 DILL ASSISTANT SECRETARY 04/13/2013

Electronic Signature of Signing Officer/Director Detail — Date