

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018935

**FILED**  
**Apr 08, 2004**  
**Secretary of State**

**Entity Name:** FLORIDA FIRST CARE, INC.

**Current Principal Place of Business:**

310 S. PALM AVE.  
SUITE 3  
PALATKA, FL 32177 US

**New Principal Place of Business:**

700 ZEAGLER DRIVE  
SUITE 3  
PALATKA, FL 32177 US

**Current Mailing Address:**

310 S. PALM AVE.  
SUITE 3  
PALATKA, FL 32177 US

**New Mailing Address:**

2233 PARK AVE  
SUITE 200  
ORANGE PARK, FL 32073 US

**FEI Number:** 59-3181248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ENGLEBERT, CHARLES W  
2656 COUNTRY CLUB BLVD.  
ORANGE PARK, FL 32073 US

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

ENGELBRECHT, CHARLES W  
2656 COUNTRY CLUB BLVD.  
ORANGE PARK, FL 32073 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: CHARLES W ENGELBRECHT

04/08/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVS ( ) Delete  
Name: ENGELBRECHT, CHARLES W  
Address: 2656 COUNTRY CLUB BLVD.  
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete  
Name: ENGELBRECHT, CHARLES W  
Address: 2656 COUNTRY CLUB BLVD.  
City-St-Zip: ORANGE PARK, FL 32073 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: CHARLES W ENGELBRECHT

PRES

04/08/2004

Electronic Signature of Signing Officer or Director

Date