

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018935

FILED
Apr 30, 2008
Secretary of State

Entity Name: FLORIDA FIRST CARE, INC.

Current Principal Place of Business:

700 ZEAGLER DRIVE
SUITE 3
PALATKA, FL 32177 US

New Principal Place of Business:

6050 SAINT JOHNS AVE.
SUITE 4
PALATKA, FL 32177 US

Current Mailing Address:

2233 PARK AVE
SUITE 200
ORANGE PARK, FL 32073 US

New Mailing Address:

6050 SAINT JOHNS AVE.
SUITE 4
PALATKA, FL 32177 US

FEI Number: 59-3181248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ENGELBRECHT, CHARLES W
6050 SAINT JOHNS AVE.
PALATKA, FL 32177 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:

04/30/2008

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: PVS (X) Change () Addition
Name: ENGELBRECHT, CHARLES W
Address: P.O. BOX 1884
City-St-Zip: ORANGE PARK, FL 32067 US

Title: T (X) Change () Addition
Name: ENGELBRECHT, CHARLES W
Address: P.O. BOX 1884
City-St-Zip: ORANGE PARK, FL 32067 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date