

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90034 047 ***150.00

DOCUMENT # G59579
 1. Entity Name
PREFERRED PROVIDER CARE, INC.



Principal Place of Business Mailing Address
 3728 PHILLIPS HWY, STE 31 3728 PHILLIPS HWY, STE 31
 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

40126254



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2916814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GREEN, JACOB.
 3728 PHILLIPS HWY, STE. 31
 JACKSONVILLE, FL 32216

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8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: Jacob Green, M.D., Ph.D. DATE: 7/5/07

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, JACOB 3728 PHILLIPS HWY, STE 31 JACKSONVILLE, FL 32216
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacob Green, M.D., Ph.D. Date: 7/5/07 Daytime Phone #: 904-346-0707