

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59579

FILED
Apr 22, 2008
Secretary of State

Entity Name: PREFERRED PROVIDER CARE, INC.

Current Principal Place of Business:

3728 PHILLIPS HWY, STE 31
JACKSONVILLE, FL 32207

New Principal Place of Business:

3728 PHILLIPS HWY
SUITE 32
JACKSONVILLE, FL 32207

Current Mailing Address:

3728 PHILLIPS HWY, STE 31
JACKSONVILLE, FL 32207

New Mailing Address:

3728 PHILLIPS HWY
SUITE 32
JACKSONVILLE, FL 32207

FEI Number: 59-2916814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, JACOB.
3728 PHILLIPS HWY, STE. 31
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

GREEN, JACOB.
3728 PHILLIPS HWY
SUITE 32
JACKSONVILLE, FL 32216 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:

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREEN, JACOB,
Address: 3728 PHILLIPS HWY, STE 31
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREEN, JACOB,
Address: 3728 PHILLIPS HWY, STE 32
City-St-Zip: JACKSONVILLE, FL 32207

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: JACOB GREEN, M.D., PH.D.

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date