

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J37685

FILED  
Jan 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3314 W BAY TO BAY BLVD  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

3314 W BAY TO BAY BLVD  
TAMPA, FL 33629 US

**New Mailing Address:**

**FEI Number:** 59-2919304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKINNEY, BRUCE D.  
1662 LONG BOW LANE  
CLEARWATER, FL 33764 US

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

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

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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MCKINNEY, BRUCE D.  
**Address:** 1662 LONG BOW LANE  
**City-St-Zip:** CLEARWATER, FL 33764

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:** BRUCE D. MCKINNEY

PRES

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date