


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000009351	
1. Entity Name FIRST PREFERRED CARE, INCORPORATED	

Principal Place of Business 6256 BARRY DRIVE WEST JACKSONVILLE, FL 32208	Mailing Address 6256 BARRY DRIVE WEST JACKSONVILLE, FL 32208
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DO NOT WRITE IN THIS SPACE

FILED
05 OCT -6 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 42-1575390	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 JONES BROWN, ANNETT 6256 BARRY DRIVE WEST JACKSONVILLE, FL 32208

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP BROWN, ANNETT JONES 6256 BARRY DRIVE W. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, ANNETT JONES 6256 BARRY DRIVE W. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HORATIO H 6256 BARRY DRIVE W. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, GARY D 2234 PALMDALE AVENUE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, ESSIE M 2539 LANTANA AVENUE JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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400060313514
10/06/05--01068--007 **61.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: <i>Horatio A. Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 09-25-05	Daytime Phone #: 904-6658826 / 904-3385656
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