

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009351

FILED  
Oct 11, 2009  
Secretary of State

**Entity Name:** FIRST PREFERRED CARE, INCORPORATED

**Current Principal Place of Business:**

6256 BARRY DRIVE WEST  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

6256 BARRY DRIVE WEST  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 42-1575390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES BROWN, ANNETT  
6256 BARRY DRIVE WEST  
JACKSONVILLE, FL 32208 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: ANNETT JONES BROWN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVP ( ) Delete  
Name: BROWN, ANNETT JONES  
Address: 6256 BARRY DRIVE W.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: ST ( ) Delete  
Name: BROWN, ANNETT JONES  
Address: 6256 BARRY DRIVE W.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: BROWN, HORATIO H  
Address: 6256 BARRY DRIVE W.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete  
Name: LEWIS, MARGARET S  
Address: 8731 7TH AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VC ( ) Delete  
Name: CLEMENTS, SHARON Y  
Address: 1591 LANE AVE SUITE 75F  
City-St-Zip: JACKSONVILLE, FL 32210

Title: RS ( ) Delete  
Name: YOUNG, GENEVA  
Address: 2547 S. BARRY DR  
City-St-Zip: JACKSONVILLE, FL 32208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETT JONES BROWN

RA

10/11/2009

Electronic Signature of Signing Officer or Director

Date