2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2010
Secretary of State

DOCUMENT# N02000009351

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

SIGNATURE: ANNETT JONES BROWN PVP 08/31/2010

Electronic Signature of Signing Officer or Director — Date