## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009351

FILED Aug 31, 2011 Secretary of State

Entity Name: FIRST PREFERRED CARE, INCORPORATED

US

Current Principal Place of Business: New Principal Place of Business:

6256 BARRY DRIVE WEST JACKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

6256 BARRY DRIVE WEST JACKSONVILLE, FL 32208

FEI Number: 42-1575390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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:

 Name:
 BROWN, HORATIO H

 Address:
 6256 BARRY DRIVE W.

 City-St-Zip:
 JACKSONVILLE, FL 32208

Title: T

Name: LLOYD, ALEXIS Address: 3265 HIGHWAY 17

City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VC

 Name:
 CLEMENTS, SHARON Y

 Address:
 1591 LANE AVE SUITE 75F

 City-St-Zip:
 JACKSONVILLE, FL 32210

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 P VP 08/31/2011