


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90055 014 ****70.00

DOCUMENT # N0400007113

1. Entity Name
FIRST QUALITY CARE INC



Principal Place of Business
**625 CENTER STREET
 JACKSONVILLE, FL 32205 US**

Mailing Address
**625 CENTER STREET
 JACKSONVILLE, FL 32205 US**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**ADAMS, SHANTELL G
 3127 MARTHA STREET
 JACKSONVILLE, FL 32205**

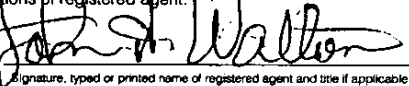
7. Name and Address of New Registered Agent

Name **John A Walton**

Street Address (P.O. Box Number is Not Acceptable)
2074 West 15th Street

City **Jacksonville** FL Zip Code **32209**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **2/16/05**

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

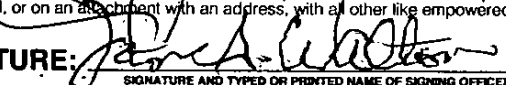
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS, SHANTELL G	
STREET ADDRESS	3127 MARTHA STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John A Walton	
STREET ADDRESS	2074 West 15th Street	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	T/S/M/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shantell G Adams	
STREET ADDRESS	3127 Martha Street	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: **2/16/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR