

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007113

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: FIRST QUALITY CARE INC

**Current Principal Place of Business:**

625 CENTER STREET  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

625 CENTER STREET  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

FEI Number: 03-0546023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALTON, JOHN A  
2074 WEST 15TH STREET  
JACKSONVILLE, FL 32209 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: P ( ) Delete  
Name: WALTON, JOHN A  
Address: 2157 WEST 15TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: CEO (X) Change ( ) Addition  
Name: ADAMS, SHANTELL G  
Address: 625 CENTER STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: P ( ) Change (X) Addition  
Name: WALTON, JOHN A  
Address: 2074 WEST 15TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANTELL ADAMS

CEO

04/14/2006

Electronic Signature of Signing Officer or Director

Date