

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009351

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

**Current Principal Place of Business:**

6256 BARRY DRIVE WEST  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

6256 BARRY DRIVE WEST  
JACKSONVILLE, FL 32208

**FEI Number:** 42-1575390

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

Title D  
Name BROWN, HORATIO H  
Address 6256 BARRY DRIVE W.  
City-State-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

07/09/2013

Electronic Signature of Signing Officer/Director Detail

Date