2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2016
Secretary of State
CC7085471161

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

Title	VP (DECEASED)
Name	BROWN, HORATIO H
Address	6256 BARRY DRIVE W.
City-State-Zip:	JACKSONVILLE FL 32208

Title	TREASURER
Name	HORNE, NATASHA
Address	6256 BARRY DR W
City-State-Zip:	JACKSONVILLE FL 32208

Title	CHAIRMAN
Name	WOODARD, DAVID
Address	6256 BARRY DR W
City-State-Zip:	JACKSONVILLE FL 32208

Title	SECRETARY, ADM. ASST.
Name	EVANS, ANTAWANNA
Address	6256 BARRY DR 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: NATASHA HORNE TREASURER 02/23/2016

Electronic Signature of Signing Officer/Director Detail — Date