

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009351

**Entity Name:** FIRST PREFERRED CARE, INCORPORATED**Current Principal Place of Business:**3832 BAYMEADOWS ROAD  
214  
JACKSONVILLE, FL 32217**Current Mailing Address:**3832 BAYMEADOWS ROAD  
214  
JACKSONVILLE, FL 32217 US**FEI Number:** 42-1575390**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES BROWN, ANNETT  
3832 BAYMEADOWS ROAD  
214  
JACKSONVILLE, FL 32217 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	3832 BAYMEADOWS ROAD 214
City-State-Zip:	JACKSONVILLE FL 32217

Title	VP (DECEASED)
Name	BROWN, HORATIO H
Address	3832 BAYMEADOWS ROAD 214
City-State-Zip:	JACKSONVILLE FL 32217

Title	TREASURER
Name	HORNE, NATASHA
Address	3832 BAYMEADOWS ROAD 214
City-State-Zip:	JACKSONVILLE FL 32217

Title	SECRETARY, ADM. ASST.
Name	EVANS, ANTAWANNA
Address	3832 BAYMEADOWS ROAD 214
City-State-Zip:	JACKSONVILLE FL 32217

*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

03/03/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date