

2018 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	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****03/01/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date