FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005582 (2)

1. Corporation Name
WE CARE PROGRAM OF THE BROWARD COUNTY MEDICAL AS SOCIATION, INC.

Principal Place of Business	Mailing Address
5101 N.W. 21ST AVE. SUITE 510 FT. LAUDERDALE FL 33309	5101 N.W. 21ST AVE. SUITE 510 FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 03/18/1994
4. FEI Number: 65-0471317 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 1001 W Cypress Creek RD	26 1001 W Cypress Creek RD
22 Suite, Apt. #, etc. S-207	27 Suite, Apt. #, etc. S-207
23 City & State Ft Lauderdale FL	28 City & State Ft. Lauderdale FL
24 Zip 33309 25 Country Broward	29 Zip 33309 30 Country Broward

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PETERSON, CYNTHIA S
5101 N.W. 21ST AVE.
SUITE 510
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1001 W. Cypress Creek Rd.
83 Ste 207
84 City Ft. Lauderdale FL 85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CLINE, ROBERT M.D.	1.2 NAME	
STREET ADDRESS	5601 N. DIXIE HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CORLEY, T. EDWARD M.D.	2.2 NAME	
STREET ADDRESS	ONE W. SAMPLE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	OTT, RICHARD M.D.	3.2 NAME	
STREET ADDRESS	4801 N. FEDERAL HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Director Robert Catanzaro MD
STREET ADDRESS		4.3 STREET ADDRESS	6405 N. Federal Highway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale FL 33309
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Cline MD Robert Cline, M.D. 3/21/95 305-938-5006
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000074