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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000005582 (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

5101 NW 21 AVENUE  
SUITE S-440  
FORT LAUDERDALE FL 33309  
US

5101 NW 21 AVENUE  
SUITE 440  
FT. LAUDERDALE FL 33309-2731  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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3. Date incorporated or Qualified  
12/13/1993

3a. Date of Last Report  
04/26/1996

4. FEI Number  
65-0471317

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, CYNTHIA S  
5105 NW 21 AVENUE  
SUITE S-440  
FT. LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CLINE, ROBERT M.D.  
STREET ADDRESS 5801 N. DIXIE HWY.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME CORLEY, T. EDWARD M.D.  
STREET ADDRESS ONE W. SAMPLE RD.  
CITY-ST-ZIP POMPANO BEACH FL 33064

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D  
NAME OTT, RICHARD M.D.  
STREET ADDRESS 4801 N. FEDERAL HWY.  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D  
NAME CATANZANO, ROBERT M  
STREET ADDRESS 6405 N FED HWY  
CITY-ST-ZIP FT LAUDERDALE FL

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: Richard M. Cline

1-20-97 954-714-9477

CR2E037 (9/96)