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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005582

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/13/1993

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

5101 nw 21 Ave S-440
Ft Lauderdale FL 33309

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLINE, ROBERT M.D.	
STREET ADDRESS	5601 N. DIXIE HWY.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMILTON, EDWIN M.D.	
STREET ADDRESS	2323 NW 19TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTT, RICHARD M.D.	
STREET ADDRESS	4801 N. FEDERAL HWY.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATANZANO, ROBERT M	
STREET ADDRESS	6405 N FED HWY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 954-714-9477
Date Daytime Phone #

CR2E037 (1/98)