

DOCUMENT # N93000005582

1. Entity Name

WE CARE PROGRAM OF THE BROWARD COUNTY MEDICAL AS

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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0471317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, CYNTHIA S  
5101 NW. 21 AVE  
SUITE S-440  
FT. LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CLINE, ROBERT M.D.  
STREET ADDRESS 5601 N. DIXIE HWY.  
CITY - ST - ZIP FT. LAUDERDALE FL 33334

TITLE T ☐ Delete  
NAME HAMILTON, EDWIN M.D.  
STREET ADDRESS 2323 NW 19TH STREET  
CITY - ST - ZIP FT. LAUDERDALE FL 33311

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE P/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE T/D ☒ Change ☒ Addition  
NAME Alan Mendelsohn, M.D.  
STREET ADDRESS 2740 Hollywood Blvd.  
CITY - ST - ZIP Hollywood, FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-01

Date

954-714-9477

Daytime Phone #

CR2E037 (10/00)