

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90096 001 ***367.50

DOCUMENT # N93000005582
 1. Entity Name
WE CARE PROGRAM OF THE BROWARD COUNTY MEDICAL AS SOCIATION, INC.

Principal Place of Business Mailing Address
5101 NW 21 AVENUE **5101 NW 21 AVENUE**
SUITE S-440 **SUITE 440**
FORT LAUDERDALE FL 33309 **FT. LAUDERDALE FL 33309**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PD	<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	CATANZANO, ROBERT M	
STREET ADDRESS	6405 N FED HWY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MENDELSON, ALAN	
STREET ADDRESS	2740 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TD
Linda Cox MD Change Addition
5101 NW 21st Ave, Ste 440
Ft. Lauderdale, FL 33309

12. 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 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: Edwin Hamilton, M.D. 5-02-02 954-714-9772

CR2E037 (9/01)