2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2005
Secretary of State

DOCUMENT# N93000005582

Entity Name: WE CARE PROGRAM OF THE BROWARD COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0471317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CYNTHIA PETERSON

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLINE, ROBERT M.D.
Address: 5601 N. DIXIE HWY.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: PD ( ) Delete
Name: HAMILTON, EDWIN M.D.
Address: 2323 NW 19TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: CATANZANO, ROBERT M
Address: 6405 N FED HWY
City-St-Zip: FT LAUDERDALE, FL

Title: TD ( ) Delete
Name: COX, LINDA MD
Address: 510 NW 21ST AVE STE 440
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN H. HAMILTON, M.D. D 09/19/2005

Electronic Signature of Signing Officer or Director — Date