

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2006  
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 ( )**

**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:

\_\_\_\_\_  
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: PD (X) Change ( ) Addition  
Name: HAMILTON, EDWIN H MD  
Address: 2323 NW 19TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33311

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

Title: TD (X) Change ( ) Addition  
Name: COX, LINDA MD  
Address: 5101 NW 21ST AVE STE 440  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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, MD

PD

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date