

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005582

FILED
May 10, 2010
Secretary of State

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 S-440
FORT 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: PD
Name: HAMILTON, EDWIN H MD
Address: 2323 NW 19TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

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

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

I hereby 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 all other like empowered.

SIGNATURE: EDWIN HAMILTON, M.D.

PD

05/10/2010

Electronic Signature of Signing Officer or Director

Date