

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90310 034 ****61.25

0031582

DOCUMENT # N93000005582

1. Entity Name

**WE CARE PROGRAM OF THE BROWARD COUNTY MEDICAL AS
SOCIATION, INC.**



Principal Place of Business

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

Mailing Address

**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

4. FEI Number **65-0471317**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE **TD** ☐ Delete
NAME **COX, LINDA MD**
STREET ADDRESS **510 NW 21ST AVE STE 440**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(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: *Signature of Robert M. D. Cline* REQUIRED

4-29-03 954-714-9772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)