

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 8:00 am
Secretary of State

07-25-2005 90095 011 ****61.25

DOCUMENT # N96000005388	
1. Entity Name WE CARE JACKSONVILLE, INC.	

Principal Place of Business 900 UNIVERSITY BLVD N SUITE #609 JACKSONVILLE, FL 32221 US	Mailing Address 900 UNIVERSITY BLVD N SUITE #609 JACKSONVILLE, FL 32221 US
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66026612



05122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

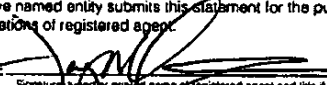
4. FEI Number 59-3431724	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GILBERT, PHILIP JAY MILLSON
555 BISHOP GATE LANE
JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE

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:  **Jay W. Millson, Executive VP** **8-24-05**
Signature of officer, director, or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISNIEWSKI, DESALES 1800 BARRS ST. 4TH FLOOR-SEATON HALL JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT, JAMES MD 3540 SUNNYSIDE DR. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM DEL ROSARIO, LEONARDO MD 225 W ASHLEY ST. JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, MORRIS MD 2531 E HIGH POINT RD. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH C B MD 4063 RIBAUT RIVER LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LESTAGE, DANIEL G MD 4800 DEERWOOD CAMPUS PKWY DC3-3 JACKSONVILLE, FL 32246

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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:  **7/19/05** **(904) 65-2269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT**We Care Jacksonville, Inc.
Board of Directors
2004-2005***66020002
#9600005388*

Sister De Sales Wisniewski, President
St. Vincent's Medical Center
1800 Barrs Street
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Daniel Lestage, M.D., Secretary
Blue Cross Blue Shield
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ATTACHMENT

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196000005388

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**Ex-Officio Members
2003-2004**

Jay Millson
Executive Vice President
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