

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005388

FILED
Feb 16, 2009
Secretary of State

Entity Name: WE CARE JACKSONVILLE, INC.

Current Principal Place of Business:

900 UNIVERSITY BLVD N
SUITE #609
JACKSONVILLE, FL 32221 US

Current Mailing Address:

900 UNIVERSITY BLVD N
SUITE #609
JACKSONVILLE, FL 32221 US

New Principal Place of Business:

900 UNIVERSITY BLVD N
SUITE # 200 E
JACKSONVILLE, FL 32211 US

New Mailing Address:

900 UNIVERSITY BLVD N
SUITE # 200 E
JACKSONVILLE, FL 32211 US

FEI Number: 59-3431724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLSON, JAY
555 BISHOP GATE LANE
JACKSONVILLE, FL 32204 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: PD () Delete
Name: WISNIEWSKI, DESALES
Address: 1800 BARRS ST, 4TH FLOOR-SEATON HALL
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: BURT, JAMES MD
Address: 3540 SUNNYSIDE DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: DM () Delete
Name: DEL ROSARIO, LEONARDO MD
Address: 225 W ASHLEY ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: GIERHL, JOHN CPA
Address: 6622 SOUTHPORT DR S
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: WRENN-CALLAHAN, VALERIE
Address: 4655 SALISBURY RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: LESTAGE, DANIEL G MD
Address: 4800 DEERWOOD CAMPUS PKWY DC3-3
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/S (X) Change () Addition
Name: LESTAGE, DANIEL M.D.
Address: 1782 LONG SLOUGH
City-St-Zip: ORANGE PARK, FL 32202 US

Title: D (X) Change () Addition
Name: BURT, JAMES MD
Address: 3540 SUNNYSIDE DR.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MD (X) Change () Addition
Name: DEL ROSARIO, LEONARDO MD
Address: 225 W ASHLEY ST.
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T (X) Change () Addition
Name: GIERHL, JOHN CPA
Address: 6622 SOUTHPORT DR S
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D (X) Change () Addition
Name: PROM, STEPHEN ESQ
Address: 50 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D (X) Change () Addition
Name: SACK, TODD MD
Address: 1610 BARRS STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL LESTAGE, M.D.

D

02/16/2009

Electronic Signature of Signing Officer or Director

Date