

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005160

1. Entity Name

WE CARE OF POLK COUNTY, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90008 009 ****61.25

Principal Place of Business

832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881

Mailing Address

832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881-1338

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3529279**
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, BEVERLY T
832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name **Sandra T. Swanson**
Street Address (P.O. Box Number is Not Acceptable)
832 Spring Lake Sq
Winter Haven, FL
City **FL** Zip Code **33881**

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.

SIGNATURE *Sandra T. Swanson* *Program Director* *1/25/00*
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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SILVA, RANJIT J M.D.	
STREET ADDRESS	101 AVE. C, N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERTENBERG, LUCY W M.D.	
STREET ADDRESS	500 E. CENTRAL AVE.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAIGHT, DANIEL O M.D.	
STREET ADDRESS	1290 GOLFVIEW	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	GALE, DONALD MD	
STREET ADDRESS	200 AVENUE F NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLAX, STEVEN T M.D.	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	
CITY-ST-ZIP	LAKDLANE FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEMMER, GARY B M.D.	
STREET ADDRESS	400 AVENUE K, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 legal empowered.

SIGNATURE: *Ranjit J. Silva* *2/15/00* *863-298-7550*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)