

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-05-2004 90070 050 ****61.25

DOCUMENT # N98000005160

1. Entity Name

WE CARE OF POLK COUNTY, INC.



Principal Place of Business

622 SPRING LAKE SQUARE
WINTER HAVEN FL 33881

Mailing Address

832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881

66414454



MOORE CR2E037 (11/03)

2. Principal Place of Business

3150 S. Fla. Ave
Bldg. A Ste 111
Lakeland, FL

3. Mailing Address

Genl. Apt. #, etc.

City & State

4. FEI Number
59-3529279

Applied For
Not Applicable

Zip
33813

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANSON, SANDRA T
832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

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 obligation of the registered agent.

SIGNATURE

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, RANJIT J M.D. 101 AVE. C, N.E. WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERTENBERG, LUCY W M.D. 105 ARNARESON AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIGHT, DANIEL O M.D. 1290 GOLFVIEW BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKSTROM, DALE 800 N LAKE ELOISE DR WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, LORETTA 1129 INTERLACHEN BV WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEMMER, GARY B M.D. 400 AVENUE K, S.E. WINTER HAVEN FL 33880	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ada Lopez-Mendez, MD 200 Ave F NE Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bill Seigel 56 4th St NW Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ralph Noboa Jr. MD 222 W. Main St Suite B Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31T Beverly Murphy 3150 S. Fla. Ave Bldg A Ste 111 Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Loretta Sanders, MD 1129 Interlachen Blvd Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Andrews 1225 Havendale Blvd Winter Haven, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Beverly Murphy Beverly Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary/Treasurer

863/644-4051



#66414454

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 8, 2004

WE CARE OF POLK COUNTY, INC.
832 SPRING LAKE SQUARE
WINTER HAVEN, FL 33881

Subject: WE CARE OF POLK COUNTY, INC.

Reference Number: N98000005160

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MW
ANNUAL REPORTS SECTION

Since all titles are listed I am going to assume you meant you needed an address for Novo & a signature by an officer.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314