

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005160

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: WE CARE OF POLK COUNTY, INC.

## Current Principal Place of Business:

5110 S FLA. AVE  
BLDG A STE 111  
LAKELAND, FL 33813

## New Principal Place of Business:

## Current Mailing Address:

5110 S FLA. AVE  
BLDG A STE 111  
LAKELAND, FL 33813

## New Mailing Address:

5110 S. FLORIDA AVE.  
BLDG A STE 111  
LAKELAND, FL 33813

FEI Number: 59-3529279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWANSON, SANDRA T  
5110 S. FLA. AVEUNE  
#111  
LAKELAND, FL 33813 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: D ( ) Delete  
Name: SEOANE, SERGIO MD  
Address: 3618 S FLA. AVE  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: MULANEY, JAY MD  
Address: 814 GRIFFIN RD  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: HAIGHT, DANIEL O M.D.  
Address: 1290 GOLFVIEW  
City-St-Zip: BARTOW, FL 33830

Title: ST ( ) Delete  
Name: MURPHY, BEVERLY  
Address: 5150 S. FLA. AVE, BLDG A STE 111  
City-St-Zip: LAKELAND, FL 33813

Title: P ( ) Delete  
Name: SCHEMMER, GARY B M.D.  
Address: 215 FIRST STREET NORTH  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: RUBIN, PATTI  
Address: 124 S FLA AVE  
City-St-Zip: LAKELAND, FL 33801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GONZALEZ, JORGE MD  
Address: 1600 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

Title: D (X) Change ( ) Addition  
Name: JURBALA, BRIAN MD  
Address: 3317 US HIGHWAY 98 S # 9  
City-St-Zip: LAKELAND, FL 33803

Title: S/T (X) Change ( ) Addition  
Name: HAIGHT, DANIEL O M.D.  
Address: 1290 GOLFVIEW  
City-St-Zip: BARTOW, FL 33830

Title: VP (X) Change ( ) Addition  
Name: SANDERS, JAMES  
Address: 1129 INTERLOCHEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SANDRA T. SWANSON

ED

03/31/2009

Electronic Signature of Signing Officer or Director

Date