

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005160

FILED
Mar 30, 2010
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. FLORIDA AVE.
BLDG A STE 111
LAKELAND, FL 33813

New Mailing Address:

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
Name: GONZALEZ, JORGE MD
Address: 1600 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

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

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

Title: VP
Name: SANDERS, JAMES
Address: 1129 INTERLOCHEN BLVD
City-St-Zip: WINTER HAVEN, FL 33884

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

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

I hereby 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 all other like empowered.

SIGNATURE: SANDRA T SWANSON

EX.D

03/30/2010

Electronic Signature of Signing Officer or Director

Date