NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005160

Corporation Name

WE CARE OF POLK COUNTY, INC.

Principal Place of Business

832 SPRING LAKE SQUARE WINTER HAVEN FL 33881

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

832 SPRING LAKE SQUARE WINTER HAVEN FL 33881

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90194 022 ****70.00



Applied For

3. Date Incorporated or Qualifed

09/02/1998

4. FEI Number

22		27							Not Applicable	
City & Stat	& State City & State				5 Certificate of	5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
23	28				o. Cartificate o.					
Zip	Country	Zip	Country		6. Election Cam	paign Financing		•	May Be	
24	25	29 30)		Trust Fund C		Adde	d to Fees		
Name and Address of Current Registered Agent					10. Name and A	ddress of New F	Registered	Agent		
			81	Name						
MURPHY, BEVERLY T 832 SPRING LAKE SQUARE WINTER HAVEN FL 33881				82 Street Address (P.O. Box Number is Not Acceptable)						
				84 City 85 Zip Code						
	CHAPPE SECTION		04	City			FL	_ 00 -		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered										
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
· · · · ·										
SIGNATURE Signature, typed or printed name of registered agent and utle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
12.	OFFICERS AND		13.		ADDITIONS/C	HANGES TO OF	FICERS A			
TITLE	D	☐ DELETÉ	1.1 TITLE	1	P, U.			Chang	e 🔲 Addition	
NAME	SILVA, RANJIT J M.D.		1.2 NAME	İ	•					
STREET ADDRESS	101 AVE. C, N.E.		1.3 STREET	ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY-ST	-ZIP						
TITLE	D	☐ DELETE.	2.1 TITLE					Chang	e	
NAME	ERTENBERG, LUCY W M.D.		2.2 NAME							
STREET ADDRESS	500 E. CENTRAL AVE.		2.3 STREET	ADORESS						
CITY-ST-ZIP	WINTER HAVEN FL 33880		2. 4 CITY-S	T- ZIP						
TITLE	D	☐ DELETE	3.1 TITLE					Chang	e	
NAME	HAIGHT, DANIEL O M.D.		3.2 NAME	- }						
STREET ADDRESS	1290 GOLFVIEW		3.3 STREET	ADDRESS						
CITY-ST-ZIP	BARTOW FL 33830		3.4. CITY-S	T-ZIP						
TITLE	D	DELETE	4.1 TITLE		丁, ラ, ヤッ	7 la va	0	☐ Chang	e Addition	
NAME	LEWIS, DONALD R M.D.	•	4. 2 NAME	İ	Donald C 200 Aue Winter Ho	2018 1 IL	, ,	- 1	•	
STREET ADDRESS	2625 S. FLORIDA AVE.		4.3 STREET	ADDRESS	200 HUC	F, 75	~ 38	81		
CITY-ST-ZIP	LAKELAND FL 33805		4.4 CITY-ST	r-ZIP	Winter Ho	iven, H	5-		<u>.</u>	
TITLE	D	☐ DELETE	5.1 TITLE		V, D.			Chang	e Addition	
NAME	FLAX, STEVEN T M.D.		5.2 NAME		•				-	
STREET ADDRESS	1600 LAKELAND HILLS BLVD		5.3 STREET	ADDRESS						
CITY-ST-ZIP	LAKDLANE FL 33805		5.4 CITY-ST	r-zip						
TITLE	D	☐ DELETE	6.1 TITLE					☐ Chang	e	
NAME	SCHEMMER, GARY B M.D.		6.2 NAME	J						
STREET ADDRESS	400 AVENUE K, S.E.		6.3 STREET	ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL 33880		6.4 CITY-S1	r-ZIP						
						Clasida Ctatutas	16.44		- infion	

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 informatio indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE ENGLISHED SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING FFICER OF DIRECTOR

<u>5-7-59</u>

941-401-986 6 Daytime Phone # R2E037 (11/98)

535504-40194-22 Dtm #N9800005160

Additional Directors

D Robert Chapman, MD 1600 Lakeland Hills Blvd. Lakeland, Fl 33805

D Mrs. Beverly Murphy 832 Spring Lake Sq. Winter Haven, Fl 33881

D Ada Lopez-Mendez, MD 200 Ave F NE Winter Haven, Fl 33881

D Manuel Jain, MD 1901 US HWY 27 N Haines City, Fl 33844

D Randy Heysek, MD 1324 Lakeland Hills Blvd. Lakeland, Fl 33805