

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005160

1. Entity Name

WE CARE OF POLK COUNTY, INC.

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91287 036 ****61.25

Principal Place of Business

Mailing Address

832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881

832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3529279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Sandra T. Swanson
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~STD~~ ☐ Delete
NAME SILVA, RANJIT J M.D.
STREET ADDRESS 101 AVE. C, N.E.
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME ERTENBERG, LUCY W M.D.
STREET ADDRESS 105 ARNARESON
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME HAIGHT, DANIEL O M.D.
STREET ADDRESS 1290 GOLFVIEW
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PD~~ ☐ Delete
NAME WICKSTROM, DALE
STREET ADDRESS 800 N LAKE ELOISE DR
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE **Director** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME SANDERS, LORETTA
STREET ADDRESS 1129 INTERLACHEN BV
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME SCHEMMER, GARY B M.D.
STREET ADDRESS 400 AVENUE K, S.E.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *Beverly Murphy*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

863-401-9360

Daytime Phone #

CR2E037 (9/01)

Attachment

Additional officers and directors

President, Director
James L. Sanders, MD
50 2nd Street SE
Winter Haven, Fl

#N98000005160

Secretary/Treasurer
Beverly Murphy
832 Spring Lake Square
Winter Haven, Fl 33881

Director
Bill Seigel
56 4th Street NW
Winter Haven, Fl 33881

Director
Glenn Anderson, Esq.
56 4th Street NW
Winter Haven, Fl 33881
