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

66414454

MOORE CR2E037 (11/03)

DOCUMENT # N98000005160

1. Entity Name

WE CARE OF POLK COUNTY, INC.

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
5150 S. Fla. Ave	
Suite, Apt. #, etc.: Bldg. A Ste 111	Suite, Apt. #, etc.
City & State: Lakeland, Fl	City & State
Zip: 33813 Country: USA	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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE: _____ DATE

Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVA, RANJIT J M.D. 101 AVE. C, N.E. WINTER HAVEN FL 33881	☒ Delete	P Ada Lopez-Mendez, MD 200 Ave F NE Winter Haven, Fl 33881	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERTENBERG, LUCY W M.D. 105 ARNARESON AUBURNDALE FL 33823	☒ Delete	VP Bill Seigel 56 4th St NW Winter Haven, Fl 33881	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D HAIGHT, DANIEL O M.D. 1290 GOLFVIEW BARTOW FL 33830	☐ Delete	D Ralph Nobo Jr. MD 222 W. Main St Suite B Bartow, Fl 33830	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WICKSTROM, DALE 800 N LAKE ELOISE DR WINTER HAVEN FL 33884	☐ Delete	ST Beverly Murphy 5150 S. Fla. Ave Bldg A Ste 111 Lakeland, Fl 33813	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERS, LORETTA 1129 INTERLACHEN BV WINTER HAVEN FL 33884	☐ Delete	D Loretta Sanders, MD 1129 Interlachen Blvd Winter Haven, Fl 33884	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHEMMER, GARY B M.D. 400 AVENUE K, S.E. WINTER HAVEN FL 33880	☐ Delete	D Jill Andrews 1225 Havendale Blvd Winter Haven, Fl 33881	☐ Change ☐ 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 863/644-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary/Treasurer

Attachment

#G04114454

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 Nov & a signature by an Officer.