

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90023 044 \*\*\*\*61.25

<b>DOCUMENT # N98000005160</b>					
<b>1. Entity Name</b> WE CARE OF POLK COUNTY, INC.					
<b>Principal Place of Business</b> 5150 S. FLA. AVE BLDG A STE 111 LAKELAND, FL 33813			<b>Mailing Address</b> 5150 S. FLA. AVE BLDG A STE 111 LAKELAND, FL 33813		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3529279	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SWANSON, SANDRA T 832 SPRING LAKE SQUARE WINTER HAVEN, FL 33881			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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 registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P <b>NAME</b> LOPEZ-MENDEZ, ADA MD <b>STREET ADDRESS</b> 200 AVE F NE <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> SEIGEL, BILL <b>STREET ADDRESS</b> 56 4TH ST NW <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> HAIGHT, DANIEL O M.D. <b>STREET ADDRESS</b> 1290 GOLFVIEW <b>CITY-ST-ZIP</b> BARTOW, FL 33830	<input type="checkbox"/> Delete				
<b>TITLE</b> ST <b>NAME</b> MURPHY, BEVERLY <b>STREET ADDRESS</b> 5150 S. FLA. AVE, BLDG A STE 111 <b>CITY-ST-ZIP</b> LAKELAND, FL 33813	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SANDERS, LORETTA <b>STREET ADDRESS</b> 1129 INTERLACHEN BV <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SCHEMMER, GARY B M.D. <b>STREET ADDRESS</b> 400 AVENUE K, S.E. <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete				
<b>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.</b>		<b>SIGNATURE:</b> <u>Sandra T. Swanson</u> <span style="float: right;">863.701.8070</span> _____ <span style="float: right;">1/28/05</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>			

# ATTACHMENT

40010114  
# N980000005160

## Additions

D  
Jay Mulaney, MD  
814 Griffin Road  
Lakeland, FL 33805

PD  
Ralph Nobo, Jr., MD  
222 W. Main Street Suite B  
Bartow, FL 33830