


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90045 005 ****61.25

DOCUMENT # N98000005160 1. Entity Name WE CARE OF POLK COUNTY, INC.					
Principal Place of Business 5110 5150 S. FLA. AVE BLDG A STE 111 LAKELAND, FL 33813				Mailing Address 5110 5150 S. FLA. AVE BLDG A STE 111 LAKELAND, FL 33813	
2. Principal Place of Business - No P.O. Box # 5110 S. Fla. Ave		3. Mailing Address 5110 S. Fla. Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3529279	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SWANSON, SANDRA T 5150 S. FLA. AVE #111 LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ-MENDEZ, ADA MD		NAME	Sergio Seoane, MD	
STREET ADDRESS	200 AVE F NE		STREET ADDRESS	3619 S. Fla. Ave	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIGEL, BILL		NAME	Jay Mulaney, MD	
STREET ADDRESS	56 4TH ST NW		STREET ADDRESS	814 Griffin Rd	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAIGHT, DANIEL O M.D.		NAME	Jorge Gonzalez, MD	
STREET ADDRESS	1290 GOLFVIEW		STREET ADDRESS	1608 Lakeland Hills Blvd	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, BEVERLY		NAME		
STREET ADDRESS	5150 S. FLA. AVE, BLDG A STE 111		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEMMER, GARY B M.D.		NAME		
STREET ADDRESS	215 FIRST STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Patti Rubin		NAME		
STREET ADDRESS	124 S. Fla. Ave		STREET ADDRESS		
CITY-ST-ZIP	Lakeland, FL 33801		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sandra Swanson Executive Director</u> 813.701.8070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					