

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005160

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: WE CARE OF POLK COUNTY, INC.

**Current Principal Place of Business:**

5110 S FLA. AVE  
BLDG A STE 111  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

5110 S. FLORIDA AVE.  
BLDG A STE 111  
LAKELAND, FL 33813

**New Mailing Address:**

FEI Number: 59-3529279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWANSON, SANDRA T  
5110 S. FLA. AVEUNE  
#111  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GEORGE, LYLE MD  
Address: 160 E. LAKE HOWARD DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D  
Name: DORSETT, KEVIN MD  
Address: 1247 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33813

Title: S/T  
Name: HAIGHT, DANIEL O M.D.  
Address: 1290 GOLFVIEW  
City-St-Zip: BARTOW, FL 33830

Title: VP  
Name: SANDERS, JAMES  
Address: 1129 INTERLOCHEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: P  
Name: SCHEMMER, GARY B M.D.  
Address: 215 FIRST STREET NORTH  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: RUBIN, PATTI  
Address: 124 S FLA AVE  
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA T. SWANSON

E. D

01/05/2011

Electronic Signature of Signing Officer or Director

Date