

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2021  
Secretary of State  
6907673018CC**

DOCUMENT# N12000004468

**Entity Name:** ONE WORLD CARE, INC.

**Current Principal Place of Business:**

5200 NW 43RD STREET STE 102-346  
GAINESVILLE, FL 32606-4484

**Current Mailing Address:**

5200 NW 43RD STREET STE 102-346  
GAINESVILLE, FL 32606-4484

**FEI Number:** 45-5236378

**Certificate of Status Desired:** No

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

DILL, ESQ., R. JOSEPH  
707 PENINSULAR PLACE  
JACKSONVILLE, FL 32204 US

*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:** R. JOSEPH DILL, ESQ.

04/24/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name AMERSON, JOHN  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title D  
Name COLON, STEVEN C  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title D  
Name ENNEKING, VIA  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title D  
Name LEWITT, JERRY  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title D  
Name LILIEHOLM, JEANNIE  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title D  
Name LILIEHOLM, LENNART  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title D  
Name SHAPIRO, ROBINA  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

Title D  
Name YOMANO, SHELLY  
Address 5200 NW 43RD STREET STE 102-346  
City-State-Zip: GAINESVILLE FL 32606-4484

**Continues on page 2**

*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:** STEVEN C COLON

**BOARD MEMBER**

04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           CHAIRMAN  
Name           BEN, LEON M D  
Address        5200 NW 43 STREET  
                  102-346  
City-State-Zip: GAINESVILLE FL 32606