

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007388

**Entity Name:** WE CARE CLINIC, INC.

**Current Principal Place of Business:**

4900 LINTON BLVD  
SUITE #2  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1067 PALAMA WAY  
LANTANA, FL 33462 US

**FEI Number:** 82-2276148

**Certificate of Status Desired:** No

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

NAGBUYA-POTESTADES, PRISCILLA C  
1067 PALAMA WAY  
LANTANA, FL 33462 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name NAGBUYA-POTESTADES, PRISCILLA  
Address 1067 PALAMA WAY  
City-State-Zip: LANTANA FL 33462

Title VD  
Name PATTALITAN, PENELOPE  
Address 1309 NW 161 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title SD  
Name CO, TERESITA  
Address 6805 BARNWELL DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

Title TD  
Name CHEN, PARLET  
Address 5660 ROYAL PALM BEACH BLVD  
City-State-Zip: WEST PALM BEACH FL 33411

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:** PRISCILLA NAGBUYA-POTESTADES

**PRESIDENT**

**03/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date