

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000008200

Entity Name: WECARE CHARITABLE PHARMACY AND HEALTH SOLUTIONS, INC.

FILED
Mar 06, 2024
Secretary of State
4217114117CC

Current Principal Place of Business:

6801 LAKE WORTH RD
STE 206
GREENACRES, FL 33467

Current Mailing Address:

6801 LAKE WORTH RD
STE 206
GREENACRES, FL 33467 US

FEI Number: 85-2177458

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOUISSAINT, DONNY
6801 LAKE WORTH RD
STE 206
GREENACRES, FL 33467 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 VP
Name LOUISSAINT, DONNY
Address 6801 LAKE WORTH RD STE 206
City-State-Zip: GREENACRES FL 33467

Title P
Name ELVEUS, JEFFREY
Address 6801 LAKE WORTH RD STE 206
City-State-Zip: GREENACRES FL 33467

Title SECRETARY
Name METELUS, BARTHELMY
Address 6801 LAKE WORTH RD STE 206
City-State-Zip: GREENACRES FL 33467

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: DONNY LOUISSAINT

VICE PRESIDENT

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date