2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2020
Secretary of State
9359793279CC

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Entity Name: WE CARE PROGRAM OF THE BROWARD COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

5101 NW 21 AVENUE
SUITE S- 450
FORT LAUDERDALE, FL 33309

Current Mailing Address:

5101 NW 21 AVENUE
SUITE S-450
FORT LAUDERDALE, FL 33309 US

FEI Number: 65-0471317

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERSON, CYNTHIA S
5101 NW. 21 AVE
SUITE S-450
FT. LAUDERDALE, FL 33309 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	D
Name	PALAMARA, ARTHUR M.D.
Address	1150 N. 35TH AVENUE SUITE 460
City-State-Zip:	HOLLYWOOD FL 33021

Title	D
Name	CHANDRAN, KUTTY MMD
Address	5101 NW 21ST AVENUE SUITE 450
City-State-Zip:	FT LAUDERDALE FL 33309

Title	PD
Name	HAMILTON, EDWIN HMD
Address	2323 NW 19TH STREET
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	TD
Name	ELKIN, AARON MD
Address	5101 NW 21ST AVE STE 450
City-State-Zip:	FORT LAUDERDALE FL 33309

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: EDWIN HAMILTON, M.D., P/D PRESIDENT/DIRECTOR 06/29/2020

Electronic Signature of Signing Officer/Director Detail — Date