

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

DOCUMENT# N96000005388

**Entity Name:** WE CARE JACKSONVILLE, INC.**Current Principal Place of Business:**4615 PHILIPS HWY  
JACKSONVILLE, FL 32207**Current Mailing Address:**4615 PHILIPS HWY  
JACKSONVILLE, FL 32207 US**FEI Number:** 59-3431724**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WE CARE JACKSONVILLE, INC  
4615 PHILIPS HWY  
JACKSONVILLE, FL 32207 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:** DENNETTE MOORE

02/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name STRAIN, MARY ANGELA GPC  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207-9506

Title TRUSTEE  
Name GREENE, CHARLES MD,PHD  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207

Title MEDICAL DIRECTOR  
Name JOHNSON-FOY, TRACHELLA MD  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207

Title TRUSTEE  
Name NAUMAN, STEVEN MD  
Address 4615 PHILIPS HWY.  
City-State-Zip: JACKSONVILLE FL 32207

Title TRUSTEE  
Name CUMMINGS, JESSICA  
Address 4615 PHILIPS HWY.  
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT  
Name CONKLIN, TED DR.  
Address 4615 PHILIPS HWY.  
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER  
Name SUGAR, JERRY DR.  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER  
Name DEL CAMPO, MARIA JOSE  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207

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*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:** MARIA JOSE DEL CAMPO**DIRECTOR OF BUSINESS OPERATIONS** 02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name HERSH, CRAIG DR.  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY  
Name RUSSELL, CAROLINE  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207-9506

Title TRUSTEE  
Name TICE, KELLI DR.  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207-9506

Title VP  
Name SCHWARZ, MATTHEW  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207-9506

Title TRUSTEE  
Name JYOTI, BABITA DR.  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207-9506

Title TRUSTEE  
Name TUCKER, DALE DR.  
Address 4615 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207-9506