

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000005388

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

**Current Principal Place of Business:**

4080 WOODCOCK DR  
SUITE 130  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4080 WOODCOCK DR  
SUITE 130  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-3431724

**Certificate of Status Desired:** No

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

MOORE, DENNETTE  
4080 WOODCOCK DR  
SUITE 130  
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

01/19/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GIEHRL, JOHN CPA  
Address        6622 SOUTHPOINT DR S, STE 495  
City-State-Zip: JACKSONVILLE FL 32216

Title           PRESIDENT  
Name           LOWE, T RAY  
Address        34 STATELY SHOALS TRAIL  
City-State-Zip: PONTE VEDRA FL 32081

Title           EXECUTIVE DIRECTOR  
Name           NUSSBAUM, SUE DR.  
Address        4080 WOODCOCK DR  
SUITE 130  
City-State-Zip: JACKSONVILLE FL 32207

Title           VICEW PRESIDENT  
Name           BERGER, ALAN DR.  
Address        4080 WOODCOCK DR  
SUITE 130  
City-State-Zip: JACKSONVILLE FL 32207

*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:** SUE NUSSBAUM, MD, MBA

**EXECUTIVE DIRECTOR**

01/19/2016

Electronic Signature of Signing Officer/Director Detail

Date