

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005160

Entity Name: WE CARE OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**4315 HIGHLAND PARK BLVD.
SUITE B
LAKELAND, FL 33813**Current Mailing Address:**4315 HIGHLAND PARK BLVD.
SUITE B
LAKELAND, FL 33813 US**FEI Number:** 59-3529279**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RIVERA, ASHLEY J
4315 HIGHLAND PARK BLVD.
SUITE B
LAKELAND, FL 33813 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 DIRECTOR
Name GEORGE, LYLE DR.
Address 4315 HIGHLAND PARK BLVD.
SUITE B
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT
Name LOEWY, DAVID MM.D.
Address 4315 HIGHLAND PARK BLVD.
SUITE B
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name RUBIN, PATTI A
Address 4315 HIGHLAND PARK BLVD.
SUITE B
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name BENEDICT, STEPHANIE DR.
Address 4315 HIGHLAND PARK BLVD.
SUITE B
City-State-Zip: LAKELAND FL 33813

Title VICE-PRESIDENT/SECRETARY, VP
Name SCHEMMER, GARY B DR.
Address 4315 HIGHLAND PARK BLVD.
SUITE B
City-State-Zip: LAKELAND FL 33813

Title TREASURER
Name THORNTON, ELLEN
Address 4315 HIGHLAND PARK BLVD.
SUITE B
City-State-Zip: LAKELAND FL 33813

Title CEO
Name RIVERA, ASHLEY J
Address 4315 HIGHLAND PARK BLVD
STE B
City-State-Zip: LAKELAND FL 33813

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: ASHLEY J. RIVERA

CEO

02/02/2016

Electronic Signature of Signing Officer/Director Detail_____
Date