

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005160

Entity Name: WE CARE OF POLK COUNTY, 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:**RENARDSON, RICHARD R
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	160 E. LAKE HOWARD DRIVE
City-State-Zip:	WINTER HAVEN FL 33881

Title	DIRECTOR
Name	SANDERS, JAMES DR.
Address	1129 INTERLOCHEN BLVD
City-State-Zip:	WINTER HAVEN FL 33884

Title	VICE-PRESIDENT/SECRETARY, VP
Name	SCHEMMER, GARY B DR.
Address	5110 S FLA. AVE BLDG A STE 111
City-State-Zip:	LAKELAND FL 33813

Title	PRESIDENT
Name	LOEWY, DAVID MM.D.
Address	407 AVENUE K SE
City-State-Zip:	WINTER HAVEN FL 33880

Title	TREASURER
Name	THORNTON, ELLEN
Address	5110 S FLA. AVE BLDG A STE 111
City-State-Zip:	LAKELAND FL 33813

Title	EXECUTIVE DIRECTOR
Name	RENARDSON, RICHARD R
Address	5110 S FLA. AVE BLDG A STE 111
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: RICHARD R. RENARDSON**EXECUTIVE DIRECTOR****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date