2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004
Secretary of State

DOCUMENT# N03000004039

Entity Name: WECARE OF SOUTH DADE, INC.

Current Principal Place of Business:

1350 SW 4TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1350 SW 4TH STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 14-1885180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRIVER, KAMETRA
1350 SW 4TH STREET
HOMESTEAD, FL 33030

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DRIVER, KAMETRA	
Address:	1350 SW 4TH STREET	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	D	( ) Delete
Name:	REYNA, SUSAN A	
Address:	28905 SOUTH DIXIE HWY	
City-St-Zip:	HOMESTEAD, FL 33090	
Title:	D	(X) Delete
Name:	LOPEZ, ARTUROA	
Address:	778 WEST PALM DR	
City-St-Zip:	FLORIDA CITY, FL 33034	
Title:	D	( ) Delete
Name:	LIGAMMARE, LARRY	
Address:	1600 NW 6TH CT	
City-St-Zip:	FLORIDA CITY, FL 33034	
Title:	D	( ) Delete
Name:	RODRIGUEZ, MARIA	
Address:	1350 SW 4TH STREET	
City-St-Zip:	HOMESTEAD, FL 33030	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAMETRA DRIVER D 05/26/2004

Electronic Signature of Signing Officer or Director — Date