

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004039

FILED
May 02, 2008
Secretary of State

Entity Name: WECARE OF SOUTH DADE, INC.

Current Principal Place of Business:

1515 REDLAND ROAD
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

1515 REDLAND ROAD
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 14-1885180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DRIVER, KAMETRA
1515 REDLAND ROAD
FLORIDA CITY, FL 33034 US

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: 1515 REDLAND ROAD
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: BAKER, HEATHER
Address: 303 N. KROME
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: MCGOVERN, CONNIE
Address: 2567 SE 7 CT.
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: ROBERTS, MARIA
Address: 27700 SW 164 AVE.
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: REYES-FOURNIER, PAUL
Address: 14867 SW 175 ST
City-St-Zip: MIAMI, FL 33187

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 exemption stated in Chapter 119, 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

05/02/2008

Electronic Signature of Signing Officer or Director

Date