

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004039

**FILED**  
**Apr 27, 2012**  
**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:**

P.O. BOX 343547  
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number:** 14-1885180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
**Name:** DRIVER, KAMETRA  
**Address:** 1515 REDLAND ROAD  
**City-St-Zip:** FLORIDA CITY, FL 33034

**Title:** D  
**Name:** BAKER, HEATHER  
**Address:** 9400 NW 12 AVENUE  
**City-St-Zip:** MIAMI, FL 33150

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

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:** KAMETRA DRIVER

ED

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date