

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000935

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** WE CARE OF HUNTINGTON POINTE, INC.

**Current Principal Place of Business:**

6037 POINTE REGAL CIRCLE  
#306  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

6037 POINTE REGAL CIRCLE  
#306  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRISCI, BOB  
6037 POINTE REGAL CIRCLE  
#306  
DELRAY BEACH, FL 33484 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: P  
Name: CRISCI, BOB  
Address: 6037 POINTE REGAL CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: S  
Name: JACOBS, BOB  
Address: 6065 POINTE REGAL CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: T  
Name: BERKOFF, BERNICE  
Address: 6121 PTE REGAL CIR.  
City-St-Zip: DELRAY BEACH, FL 33484

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: BERNICE BERKOFF

TREA

03/20/2012

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

\_\_\_\_\_  
Date