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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB 13 PM 1:38

DOCUMENT # N42078 (8)

1. Corporation Name
WEE CARE, WILDLIFE REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
9000 SW 64TH CT MIAMI FL 33156	9000 SW 64TH CT MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1991
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0251360 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 15390 SW 269 Terr	25 15390 SW 269 Terr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Homestead Fl	28 City & State: Homestead Fl
24 Zip: 33032 25 Country: Dade	29 Zip: 33032 30 Country: DADE

9. Name and Address of Current Registered Agent

KNOX, PAT
9000 SW 64TH CT
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: PAT Knox
82 Street Address (P.O. Box Number is Not Acceptable): 15390 SW 269 Terr.
83
84 City: Homestead FL 85 Zip Code: 33032

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Patricia Knox - Director - Pres. PAT Knox 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☑ Change ☐ Addition
NAME	KNOX, PAT	1.2 NAME	Knox, PAT
STREET ADDRESS	9000 SW 64TH CT	1.3 STREET ADDRESS	15390 SW 269 terr Address
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Homestead Fl 33032
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	KNOX, THOMAS	2.2 NAME	Knox Thomas
STREET ADDRESS	9000 SW 64 CT	2.3 STREET ADDRESS	15390 SW 269 ter Address
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Homestead Fl 33032
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	ESCOBAR, YLEANA	3.2 NAME	Escobar Yleana
STREET ADDRESS	2361 NW 1ST ST	3.3 STREET ADDRESS	9778 SW 147 Pl. Address
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Fl 33196
TITLE		4.1 TITLE	Board member D ☐ Change ☑ Addition
NAME		4.2 NAME	PEREZ Allison
STREET ADDRESS		4.3 STREET ADDRESS	9772 SW 27 Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami Fl 33134
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Knox Patricia Knox 2/6/95 (305) 248-0947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043231