2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# N93000004258

Entity Name: MARION COUNTY WE CARE, INC.

Current Principal Place of Business:

201 SW 17TH ST.
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3655
OCALA, FL 34478

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:

SYESTER, PAM
201 S.W. 17TH ST.
OCALA, FL 34471 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: SYESTER, PAM
Address: 201 S.W. 17 ST.
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: CHANDRA, RAVI MD
Address: 201 SW 17 ST
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: GRAINGER, CHRIS MD
Address: 201 SW 17 ST.
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: GRAINGER, CHRISTOPHER MD
Address: 201 SW 17 ST
City-St-Zip: OCALA, FL 34474

Title: D (X) Change ( ) Addition
Name: KING, EDWARD MD
Address: 201 SW 17 ST.
City-St-Zip: OCALA, FL 34474

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: CHRISTOPHER GRAINGER, MD D 01/17/2005

Electronic Signature of Signing Officer or Director — Date