2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004258

Entity Name: MARION COUNTY WE CARE, INC.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

201 SW 17TH ST. OCALA, FL 34474 US

Current Mailing Address: New Mailing Address:

P.O. BOX 3655 OCALA, FL 34478

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

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

SYESTER, PAM 201 S.W. 17TH ST. OCALA, FL 34471 US

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:

Date

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

(X) Change () Addition

SAMY, CHANDER MD

201 SW 17 ST

() Delete

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

OFFICERS AND DIRECTORS:

Title: () Delete Name: PRIETO, ROLANDO MD

Address: 201 SW 17 ST City-St-Zip: OCALA, FL 34474

Title: () Delete SAMY, CHANDER MD Name: Address:

City-St-Zip: OCALA, FL 34474 Title: (X) Change () Addition

GAUDIER, JOSE MD Name: 201 SW 17 ST. 201 SW 17 ST. Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474

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: PAMELA SYESTER RΑ 01/14/2008