

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004258

FILED  
Jan 22, 2009  
Secretary of State

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:

104 SE 1 AVENUE  
SUITE D  
OCALA, FL 34470 US

## 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:

SYESTER, PAM  
104 SE 1 AVENUE  
SUITE D  
OCALA, FL 34470 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:

01/22/2009

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SYESTER, PAM  
Address: 104 SE 1 AVENUE, SUITE D  
City-St-Zip: OCALA, FL 34470

Title: D (X) Change ( ) Addition  
Name: GAUDIER, JOSE MD  
Address: 104 SE 1 AVENUE, SUITE D  
City-St-Zip: OCALA, FL 34470

Title: D (X) Change ( ) Addition  
Name: DANIEL, ROBERTSON MD  
Address: 104 SE 1 AVENUE, SUITE D  
City-St-Zip: OCALA, FL 34470

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: JOSE GAUDIER, MD

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date