2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N93000004258

Entity Name: MARION COUNTY WE CARE, INC.

Current Principal Place of Business:

104 SE 1 AVENUE
SUITE D
OCALA, FL 34470 US

New Principal Place of Business:

104 SE 1 AVENUE
SUITE D
OCALA, FL 34474 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
104 SE 1 AVENUE
SUITE D
OCALA, FL 34470 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
Name: SYESTER, PAM
Address: 104 SE 1 AVENUE, SUITE D
City-St-Zip: OCALA, FL 34470

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

Title: D
Name: MCFADDIN, DAVID MD
Address: 104 SE 1 AVENUE, SUITE D
City-St-Zip: OCALA, FL 34470

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: DANIEL ROBERTSON, MD D 01/06/2010
Electronic Signature of Signing Officer or Director Date