

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004258

FILED  
Jan 13, 2011  
Secretary of State

Entity Name: MARION COUNTY WE CARE, INC.

## Current Principal Place of Business:

104 SE 1 AVENUE  
SUITE D  
OCALA, FL 34474 US

## New Principal Place of Business:

409 S.E. FORT KING STREET  
OCALA, FL 34471 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:

MARION COUNTY MEDICAL SOCIETY, INC.  
409 S.E. FORT KING STREET  
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: DEBBIE TRAMMELL

01/13/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: MCFADDIN, DAVID MD  
Address: 409 SE FORT KING STREET  
City-St-Zip: Ocala, FL 34471

Title: D  
Name: LAMMERMEIER, DAVID MD  
Address: 409 SE FORT KING STREET  
City-St-Zip: Ocala, FL 34471

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: DAVID MCFADDIN, MD

D

01/13/2011

Electronic Signature of Signing Officer or Director

Date