2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2012
Secretary of State

DOCUMENT# N93000004258

Entity Name: MARION COUNTY WE CARE, INC.

Current Principal Place of Business:

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

MARION COUNTY MEDICAL SOCIETY, INC.
409 S.E. FORT KING STREET
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
Name: LAMMERMEIER, DAVID MD
Address: 409 SE FORT KING STREET
City-St-Zip: OCALA, FL 34471

Title: D
Name: WILLIS, 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 LAMMERMEIER, MD ED 01/17/2012
Electronic Signature of Signing Officer or Director Date