

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90009 013 ****61.25

DOCUMENT # N93000005582

1. Entity Name

**WE CARE PROGRAM OF THE BROWARD COUNTY
MEDICAL ASSOCIATION, INC.**



Principal Place of Business

**5101 NW 21 AVENUE
SUITE S-440
FORT LAUDERDALE, FL 33309 US**

Mailing Address

**5101 NW 21 AVENUE
SUITE 440
FT. LAUDERDALE, FL 33309 US**

40048814



04012007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0471317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETERSON, CYNTHIA S
5101 NW 21 AVE
SUITE S-440
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLINE, ROBERT M.D.
STREET ADDRESS	5601 N. DIXIE HWY.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	PD
NAME	HAMILTON, EDWIN H MD
STREET ADDRESS	2323 NW 19TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	CATANZANO, ROBERT M MD
STREET ADDRESS	6405 N FED HWY
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	TD
NAME	COX, LINDA MD
STREET ADDRESS	5101 NW 21ST AVE STE 440
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-2007 954-714-9772