

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005582

FILED  
Apr 30, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

5101 NW 21 AVENUE  
SUITE S- 450  
FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

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

**New Mailing Address:**

5101 NW 21 AVENUE  
SUITE S-450  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 65-0471317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PETERSON, CYNTHIA S  
5101 NW. 21 AVE  
SUITE S-450  
FT. LAUDERDALE, FL 33309 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:

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CLINE, ROBERT M.D.  
Address: 5601 N. DIXIE HWY.  
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: PD  
Name: HAMILTON, EDWIN H MD  
Address: 2323 NW 19TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D  
Name: CATANZANO, ROBERT M MD  
Address: 6405 N FED HWY  
City-St-Zip: FT LAUDERDALE, FL

Title: TD  
Name: COX, LINDA MD  
Address: 5101 NW 21ST AVE STE 450  
City-St-Zip: FORT LAUDERDALE, FL 33309

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: EDWIN HAMILTON, M.D.

PD

04/30/2011

Electronic Signature of Signing Officer or Director

Date