

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003265

FILED
Jan 04, 2007
Secretary of State

Entity Name: WE CARE OF LAKE COUNTY, INC.

Current Principal Place of Business:

908 N SINCLAIR AVE
TAVARES, FL 32778

New Principal Place of Business:

1300 DUNCAN DRIVE
BLDG. E
TAVARES, FL 32778

Current Mailing Address:

P O BOX 1069
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3275830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, SHELLEY C MD
1725 EAST HWY 50, SUITE B
CLERMONT, FL 34711 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 () Delete
Name: AZIZ-TOPPINO, MAYSSA M.D.
Address: 4880 N. HWY 19-A
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: ZIMMERMAN, DUANE
Address: P O BOX 49100
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: LONGACRE, LESLIE
Address: SLH, 847 8TH STREET
City-St-Zip: CLERMONT, FL 34711

Title: PMB (X) Delete
Name: GLOVER, SHELLEY MD
Address: 725 ALMOND ST.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: AZIZ-TOPPINO, MAYSSA M.D.
Address: 4880 N. HWY 19-A
City-St-Zip: MOUNT DORA, FL 32757

Title: MR. (X) Change () Addition
Name: ZIMMERMAN, DUANE
Address: P O BOX 49100
City-St-Zip: LEESBURG, FL 34748

Title: MS. (X) Change () Addition
Name: LONGACRE, LESLIE
Address: SLH, 847 8TH STREET
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY ANN LOHMAN, EXECUTIVE DIRECTOR

MS.

01/04/2007

Electronic Signature of Signing Officer or Director

Date