

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000003265

FILED
Oct 19, 2009
Secretary of State

Entity Name: WE CARE OF LAKE COUNTY, INC.

Current Principal Place of Business:

1300 DUNCAN DRIVE
BLDG. E
TAVARES, FL 32778

New Principal Place of Business:

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GLOVER, SHELLEY C MD
1725 EAST HWY 50, SUITE B
CLERMONT, FL 34711 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: DR SHELLEY C. GLOVER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: BERKES, STACY J
Address: 111 WATERMAN AVE
City-St-Zip: MOUNT DORA, FL 32757

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: ZAVALA, ERNESTO
Address: 1099 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711

Title: TREA (X) Change () Addition
Name: YOUNG, ANITA
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

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

I hereby certify that the information supplied with this filing does not qualify 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: ERNESTO ZAVALA

PRES

10/19/2009

Electronic Signature of Signing Officer or Director

Date