SIGNATURE:

Apr 21, 2002 8:00 am Secretary of State WE CARE MANATES, INC. Principal Place of Business Maling Address 4802 85 STREET WEST BRACKHTON FL 3407 2. Principal Place of Business Suite, Apt. #, etc. City & State	200	2 UNIFORM BUS	INESS REPO) PT	(UB	R)	2/			ED		
WE CARE MANATEE, INC. 02-27-2002 90052 021 ****61.25 Principal Place of Business 4808 26 STREET WEST BRADENTON FL 34207 2. Principal Place of Business Suite, Apt. #, etc. City & State City &	DOCUMENT # N9900006277						Apr 21, 2002 8:00 am Secretary of State					
400 26 STREET WEST BRADENTON FL 34207 Suite, Apt. #, etc. City & State A FEI Number 59-3606103 Applicable Pen Procedure Fine Regulatered Agent Name TYLE, AMY L 4809 28 STREET WEST BRADENTON FL 34207 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Foods. SigniAnt Units	WE CAP	RE MANATEE, INC.	_1									
BRADENTON FL 34207 2. Principal Place of Business 3. Meiling Address Suite, Apt. #. etc. City & State City &	Principal Pla	ce of Business	Mailing Address									
Suite, Apt. #, etc. City & State Country Size Country Size Country Size Country Size Additional Fead Required 6. Name and Address of Current Registered Agent TALE, AMY L 4808 26 STREET WEST BRADENTON FL 34207 City FL Zip Code 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. Significant Agent agen												
City & State Country Scenificate of Status Desired \$ \$8.75 Additional Fee Required \$ \$8.75 Additional Fee Required \$ \$6. Name and Address of Current Registered Agent Name TYLE, AMY L 4808 26 STREET WEST BRADENTON FI. 34207 City FL City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florids. City The Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florids. City FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 10. OFFICERS AND DIRECTORS IN 10 TITLE NAME TALLY, PHILLIP TALLY, PH	2. Principal	Place of Business	3. Mailing Address									
Space Spac	Suite, Apl	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TYLE, AMY L 4808 26 STREET WEST BRADENTON FL 34207 City FL Zip Code 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. SIGNATURE Signature, hyead or printing for registered agent a	City & Sta	ile	City & State				ED-2606102					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Signature, hipsed or permisershald registered agent english applicable. (NOTE Registered Agent signature required when remetaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME TALLY, PHILLIP CITY-ST-2P BRADENTON FL 34209 TITLE NAME SIREET ADDRESS CITY-ST-2P SOLER, JOSEPH SIREET ADDRESS CITY-ST-2P BRADENTON FL 34209 TREE D O Delete ITTLE NAME SIREET ADDRESS CITY-ST-2P BRADENTON FL 34209 TREE D O Delete ITTLE NAME SIREET ADDRESS CITY-ST-2P BRADENTON FL 34209 TREE D O Delete ITTLE NAME SIREET ADDRESS CITY-ST-2P Change Addition					300007	tudiess (F.	O. BOX NUMBER	1401 Acce				-
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 addgess, with all other like empowered.	indicated of the co	d on this report or supplemental report is reporation or the receiver or trustee empo	true and accurate and that it wered to execute this report	ny sianatui	re shall h	ave the sar	ne legal effect a	as it made un	der oath; that I a	ım an onicer	ot ditector	

We Care Manatee, Inc

2001-2002 Board of Directors

Rev. 03/02

23912 #N9900006277

Thomas Morrish, MD-President of the Board

Chief of Staff- Manatee Memorial

Hospital

2010 59th St W #3500

Bradenton, FL 34209

792-2455

Phillip Tally, MD-Vice President-

6015 Point West Blvd.

Bradenton, FL 34209

794-3118

Peter Mattina, MD-

Treasurer

800 39th St W

Bradenton, FL 34205

747-4664

Gladys Branic, MD

Director of Manatee County Department

of Health

410 6th Ave. E.

Bradenton, FL 34208

748-0747

Joseph Soler, MD

2020 59th St W

Bradenton, FL 34209

798-6300

George Thomas, MD

316 Manatee Ave W

Bradenton, FL 34209

Maggie Lacher Manatee County Medical Society 4808 26th St W Bradenton, FL 34207

755-3411

Vice President, Patient Care Services
2020 59th St W
Bradenton FL, 34209

798-2102

Jonathan Fleece, Esq. 802 11th St W Bradenton, FL 34205 748-0100

Commissioner Patricia Glass Manatee County Commission 1112 Manatee Ave W Bradenton, FL 34205