2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am Secretary of State DOCUMENT # N9900006277 05-05-2003 90145 014 ****70.00 WE CARE MANATEE, INC. Mailing Address Principal Place of Business 4808 26 STREET WEST 4808 26 STREET WEST 16 1 BRADENTON FL 34207 **BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3606103 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired XX. Fee Required 7.-Name and Address of New Registered Agent-6.-Name and Address of Current Registered Agent-Handra, Kathy L. Street Address (P.O. Box Number is Not Acceptable) TYLE, AMY L 4808 26 STREET WEST 4808 26th Street West **BRADENTON FL 34207** Bradenton, FL 34207 City Zip Code Bradenton, 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 . P Handra Kathy I Handra. Executive Director SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Florida Department of State *OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete ☐ Change Addition TITLE TITLE TALLY, PHILLSP: NAME NAME STREET ADDRESS 6015 POINT WEST BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34209** Change ☐ Addition Delete TITLE TITLE MORRISH, THOMAS NAME NAME STREET ADDRESS 2010 59 STREET W #3500 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition MATTINA, PETER MD NAME NAME STREET ADDRESS 800 39TH STREET W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP ☐ Delete TITLE ☐ Change X Addition NAME NAME Hill, G. Austin 4804 26th Street West Bradenton, FL 34207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 address, with a SIGN

SIGNATURE:

Offreter Mattina, MD 4 30/03