

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0495462 AV

DOCUMENT # P01000108893

1. Entity Name

WE CARE HEALTHCARE, INC.

02-11-2002 90187 012 ***150.00

Principal Place of Business

501 GOODLETTE RD NORTH, STE C100
NAPLES FL 34102

Mailing Address

501 GOODLETTE RD NORTH, STE C100
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3758065

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVERIO, BRIAN M
44 W FLAGLER ST, STE 2450
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

GEORGE MASON

Street Address (P.O. Box Number is Not Acceptable)

4851 ROTHSCHILD DRIVE

City

CORAL SPRINGS FL

Zip Code

33067

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 GEORGE MASON PH.D. George Mason Jan. 12, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME MASON, RACHEL B
STREET ADDRESS 501 GOODLETTE RD NORTH, STE C100
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE DV
NAME MAMSON, GEORGE PHD
STREET ADDRESS 501 GOODLETTE RD NORTH, STE C100
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE T
NAME HURDIG, LORI M
STREET ADDRESS 501 GOODLETTE RD NORTH, STE C100
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE S
NAME DANIELS, ANDREW M.D.
STREET ADDRESS 501 GOODLETTE RD NORTH, STE C100
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition
NAME MASON, GEORGE PH.D.
STREET ADDRESS 501 GOODLETTE RD. N. STE C100
CITY-ST-ZIP NAPLES FL. 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME MASON ANDREW D.
STREET ADDRESS 501 GOODLETTE RD. N. STE C100
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Mason GEORGE MASON JAN. 12, 2002 954-575-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)