


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 APR 13 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800032515788  
04/13/04--01023--008 \*\*150.00

DOCUMENT # <b>P-01000108893</b>	
1. Entity Name <b>We Care HealthCare Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>501 Goodlette Rd N</b>		3. Mailing Address <b>501 Goodlette Rd N</b>	
Suite, Apt. #, etc. <b>Bldg C100</b>		Suite, Apt. #, etc. <b>Bldg C100</b>	
City & State <b>Naples Florida</b>		City & State <b>Naples Florida</b>	
Zip <b>34102</b>	Country <b>USA</b>	Zip <b>34102</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-3758065</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>MASON GEORGE</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>501 Goodlette Rd N</b>			
City <b>Naples</b>			
State <b>FL</b>			
Zip Code <b>34102</b>			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, subject to the State of Florida Corporation laws, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee \$180.00  
After May 1 Fee \$550.00  
Annual UBR \$50.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>PRESIDENT</b>	NAME <b>MASON RACHEL</b> STREET ADDRESS <b>501 Goodlette Rd N Bldg C100</b> CITY- ST- ZIP <b>Naples FL 34102</b>
TITLE <b>VICE - PRESIDENT</b>	NAME <b>MASON GEORGE</b> STREET ADDRESS <b>501 Goodlette Rd N Bldg C100</b> CITY- ST- ZIP <b>Naples FL 34102</b>
TITLE <b>TREASURER</b>	NAME <b>HURTIG LORI GALE</b> STREET ADDRESS <b>501 Goodlette Rd N Bldg C100</b> CITY- ST- ZIP <b>Naples FL 34102</b>
TITLE <b>SECRETARY</b>	NAME <b>MASON ANDREW DANIEL</b> STREET ADDRESS <b>501 Goodlette Rd N Bldg C100</b> CITY- ST- ZIP <b>Naples FL 34102</b>
TITLE	NAME
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **R Mason** **RACHEL MASON** 04-07-04 **239-403-8800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)