


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000108893</b> 1. Entity Name <b>WE CARE HEALTHCARE, INC.</b>	
---	---



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3758065</b>	Applied For <input type="checkbox"/> 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**

GEORGE, MASON  
501 GOODLETTE RD NORTH, STE C100  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MASON, RACHEL B
STREET ADDRESS	501 GOODLETTE RD NORTH, STE C100
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	V
NAME	MASON, GEORGE PHD
STREET ADDRESS	501 GOODLETTE RD NORTH, STE C100
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	T
NAME	HURTIG, LORI M
STREET ADDRESS	501 GOODLETTE RD NORTH, STE C100
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	S
NAME	MASON, ANDREW D M.D.
STREET ADDRESS	501 GOODLETTE RD NORTH, STE C100
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000175551  
01/10/05-80055-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Rachel Mason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 5, 2005* *239-403-8800*  
Date Daytime Phone #