


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90031 028 ***150.00

DOCUMENT # P01000108893		
1. Entity Name WE CARE HEALTHCARE, INC.		

Principal Place of Business 501 GOODLETTE RD NORTH, STE C100 NAPLES, FL 34102	Mailing Address 501 GOODLETTE RD NORTH, STE C100 NAPLES, FL 34102
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60000823

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3758065	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GEORGE, MASON 501 GOODLETTE RD NORTH, STE C100 NAPLES, FL 34102	
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7. Name and Address of New Registered Agent	
Name	
Street 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____	(NOTE: Registered Agent signature required when registering)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MASON, RACHEL B 501 GOODLETTE RD NORTH, STE C100 NAPLES, FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MASON, GEORGE PHD 501 GOODLETTE RD NORTH, STE C100 NAPLES, FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HURTIG, LORI M 501 GOODLETTE RD NORTH, STE C100 NAPLES, FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MASON, ANDREW D M.D. 501 GOODLETTE RD NORTH, STE C100 NAPLES, FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #