

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108893

Entity Name: WE CARE HEALTHCARE, INC.

FILED  
Jan 07, 2011  
Secretary of State

## Current Principal Place of Business:

1000 TAMIAMI TRAIL N, STE 203  
NAPLES, FL 34102

## New Principal Place of Business:

## Current Mailing Address:

1000 TAMIAMI TRAIL N, STE 203  
NAPLES, FL 34102

## New Mailing Address:

FEI Number: 59-3758065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GEORGE, MASON  
1000 TAMIAMI TRAIL NORTH STE. 203  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: MASON, RACHEL  
Address: 1000 TAMIAMI TRAIL NORTH STE. 203  
City-St-Zip: NAPLES, FL 34102

Title: V  
Name: MASON, GEORGE PHD  
Address: 1000 TAMIAMI TRAIL NORTH STE. 203  
City-St-Zip: NAPLES, FL 34102

Title: T  
Name: HURTIG, LORI G  
Address: 1000 TAMIAMI TRAIL NORTH STE. 203  
City-St-Zip: NAPLES, FL 34102

Title: S  
Name: MASON, ANDREW D M.D.  
Address: 1000 TAMIAMI TRAIL NORTH STE. 203  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL MASON

P

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date