

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000117607

FILED  
Sep 20, 2006  
Secretary of State

**Entity Name:** WE-CARE FAMILY MEDICAL GROUP, INC.

**Current Principal Place of Business:**

6388 SILVER STAR RD  
SUITE 1-A  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

6388 SILVER STAR RD  
SUITE 1-A  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 59-3759065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, RAMON A  
2704 GREEN MEADOW CIRCLE  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

REYES, IVAN  
942 ARDILLITA CT  
WINTER SPRINGS, FL 32708 US

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: IVAN REYES

09/20/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REYES, IVAN  
Address: 942 ARDILLITA CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: PORTALATIN, LOURDES  
Address: 2704 GREEN MEADOW CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: SD (X) Delete  
Name: PERAZA, ANA  
Address: 1619 HOOKVILLE CT  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SOLES, ANA  
Address: 1619 HOOKVILLE CT  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IVAN REYES

P

09/20/2006

Electronic Signature of Signing Officer or Director

Date