

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000126266

**FILED**  
**Sep 28, 2005**  
**Secretary of State**

**Entity Name:** WE CARE OF GAINESVILLE, INC.

**Current Principal Place of Business:**

102 NE 10TH AVE  
SUITE 17  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

102 NE 10TH AVE  
SUITE 17  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 57-1192092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, PATRICE  
4304-C SW 70TH TERR  
GAINESVILLE, FL 32608 US

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

PARKER, ANTHONY  
4304-C SW 70TH TERR  
GAINESVILLE, FL 32608 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: ANTHONY PARKER

09/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PARKER, PATRICE  
Address: 4304-C SW 70 TERR  
City-St-Zip: GAINESVILLE, FL 32608

Title: DST ( ) Delete  
Name: WAKELEY, WANZA  
Address: 18202 NW 8TH TERR  
City-St-Zip: GAINESVILLE, FL 32609

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: D ( ) Change (X) Addition  
Name: PARKER, ANTHONY  
Address: 4304-C SW 70TH TERR  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY PARKER

D

09/28/2005

Electronic Signature of Signing Officer or Director

Date