

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 010 ***150.00

DOCUMENT # P04000049218

1. Entity Name
WE CARE PEDIATRICS CC, P.A.



Principal Place of Business
**9406 BALM RIVERVIEW RD.
RIVERVIEW, FL 33569 US**

Mailing Address
**P.O. BOX 1885
RIVERVIEW, FL 33568 US**

46000000



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0878993

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOSOFF, PETER A
6111 HERONCREST COURT
LITHIA, FL 33547**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KOSOFF, PETER A
6111 HERONCREST COURT
LITHIA, FL 33547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CHAN, DELIA W
6111 HERONCREST COURT
LITHIA, FL 33547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Peter A Kosoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/08 815-323-3619