2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P05000064096

Entity Name: WE CARE FAMILY CLINIC INCORPORATED

Current Principal Place of Business:

9257 NW 55 STREET
SUNRISE, FL 33351

New Principal Place of Business:

9259 NW 55 STREET
SUNRISE, FL 33351

Current Mailing Address:

9257 NW 55 STREET
SUNRISE, FL 33351

New Mailing Address:

9259 NW 55 STREET
SUNRISE, FL 33351

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOWLER, TYRONE
9257 NW 55 STREET
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

FOWLER, TYRONE
9259 NW 55 STREET
SUNRISE, FL 33351 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: 04/28/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOWLER, CHRISTINE
Address: 9257 NW 55 STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP ( ) Delete
Name: FOWLER, TYRONE
Address: 9257 NW 55 STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FOWLER, CHRISTINE
Address: 9259 NW 55 STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change ( ) Addition
Name: FOWLER, TYRONE
Address: 9259 NW 55 STREET
City-St-Zip: SUNRISE, FL 33351

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: CHRISTINE FOWLER P 04/28/2006
Electronic Signature of Signing Officer or Director — Date