

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064096

FILED
Apr 28, 2010
Secretary of State

Entity Name: WE CARE FAMILY CLINIC INCORPORATED

Current Principal Place of Business:

9259 NW 55 STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

9259 NW 55 STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-2779245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, TYRONE
9259 NW 55 STREET
SUNRISE, FL 33351 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: FOWLER, CHRISTINE
Address: 9259 NW 55 STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP
Name: FOWLER, TYRONE
Address: 9259 NW 55 STREET
City-St-Zip: SUNRISE, FL 33351

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: CHRISTINE FOWLER

MGR

04/28/2010

Electronic Signature of Signing Officer or Director

Date