## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997

Principal Place of Business

1007 BYLIGHTH WAY

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

DOCUMENT # P96000014998 (4)

WE-CARE PHARMACY AND HOME HEALTH, INC.

660 N. STATE RD 7

N. STATE RO

**2331 NO. STATE ROAD 7 STE 124** 

PLANTATION

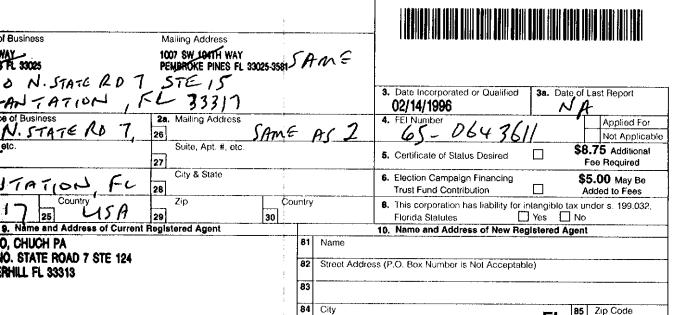
ncipal Place of Business

MOGBO, CHUCH PA

LAUDERHILL FL 33313

## FILED May 19 1997 8:00am Secretary of State

Addition



Why lan

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Rog stored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) DELETE TITLE 1,1 TITLE Change NAME J. OKAFOR 1,2 NAME STREET ADDRESS 1,3 STREET ADDRESS 3025 CITY-ST-ZIP I,4 CITY-ST-ZIP TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2,3 STREET ADDRESS CITY-ST-ZIP 2, 4 CiTY-ST-ZIP TITLE DELETE 3,1 TITLE ☐ Change Addition NAME' 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS DITY-ST-ZIP 3,4. CITY - ST - 2IP TITLE DELFTE 4,1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-SY-ZIP 4,4 CITY-ST-ZIP DELETE TITLE 5:1 TITLE ☐ Change Addition NAME 5 2 NAME **ISTREET ADDRESS** 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address. Duain

63 STREET ADDRESS

6,1 TITLE

62 NAME

DELETE