

DOCUMENT # P96000061874

1. Entity Name

WE CARE OF THE PALM BEACHES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90010 039 \*\*\*150.00

Principal Place of Business      Mailing Address  
 5180 W. ATLANTIC AVE      5180 W. ATLANTIC AVE  
 SUITE 120      SUITE 120  
 DELRAY BEACH FL 33484      DELRAY BEACH FL 33484-8103  
 US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-0686314

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JOVANOVICH, NICK  
 BERGER DAVIS & SINGERMAN  
 100 NE 3RD AVENUE #400  
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name ROBERT CLARE

Street Address (P.O. Box Number is Not Acceptable)

7280 W. PALMETTO PARK RD. STE 106

City BOCA RATON

FL

Zip Code 33433

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	NEWMAN, NINA S	7787 VILLA NOVA DR	BOCA RATON FL 33433	<input type="checkbox"/>
ST	KRAUSE, JILLIE G.	36 CHAPLE ROAD	KENMORE NY 14217	<input checked="" type="checkbox"/>
V	KATZ, HAROLD	65 FARRAND DR	PARISIPPANY NJ 07054	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	KRAUSE - DELETE			<input type="checkbox"/>
	KATZ - DELETE			<input type="checkbox"/>
P.	Firegelman, William	5180 W. Atlantic ste 120	DeLray Beach, Fl. 33484	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *NINA S. NEWMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2000

Date

638-1962

Daytime Phone #

CR2E034 (9/99)