2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2018
Secretary of State
CC7945203840

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Entity Name: WE CARE HEALTH CENTER OF SOUTH FLA, LLC

Current Principal Place of Business:

440 E SAMPLE ROAD
SUITE 109
POMPANO BEACH, FL 33064

Current Mailing Address:

440 E SAMPLE ROAD
SUITE 109
POMPANO BEACH, FL 33064

FEI Number: 27-2506107

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, CLIFFORD
1325 NW 128 ST
NORTH MIAMI, FL 33167 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: CLIFFORD THOMAS 01/11/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	THOMAS, CLIFFORD
Address	1325 NW 128 ST
City-State-Zip:	NORTH MIAMI FL 33167

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLIFFORD THOMAS VP 01/11/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date