2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2025
Secretary of State
6608811906CC

DOCUMENT# L10000050115

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 03/25/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	THOMAS, CLIFFORD	Name	THOMAS, KATHY
Address	1325 NW 128 ST	Address	440 E SAMPLE ROAD SUITE 109
City-State-Zip:	NORTH MIAMI FL 33167	City-State-Zip:	POMPANO BEACH FL 33064

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 MGR 03/25/2025

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