

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000119839

Entity Name: WE CARE HEALTH LLC

Current Principal Place of Business:

1451 W CYPRESS CREEK RD
359
FT LAUDERDALE, FL 33309

Current Mailing Address:

1451 W CYPRESS CREEK RD
359
FT LAUDERDALE, FL 33309 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOUISDOR, MICHAELAIR
1451 W CYPRESS CREEK RD
359
FT LAUDERDALE, FL 33309 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name LOUISDOR, MICHAELAIR
Address 1451 W CYPRESS CREEK RD
359
City-State-Zip: FT LAUDERDALE FL 33309

Title MANAGER
Name DORELUS, LANDSEY
Address 1451 W CYPRESS CREEK RD
359
City-State-Zip: FT LAUDERDALE FL 33309

Title CFO
Name FISHER, PATRICK
Address 1451 W CYPRESS CREEK RD
359
City-State-Zip: FT LAUDERDALE FL 33309

Title MANAGER
Name CHARLEMAGNE, DAVID II
Address 1451 W CYPRESS CREEK RD
359
City-State-Zip: FT LAUDERDALE FL 33309

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: MICHAELAIR LOUISDOR

CEO

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date