

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -3 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H57511 (8)**

1. Corporation Name  
**WELL CARE HMO, INC.**

Principal Place of Business Mailing Address  
**11016 N.DALE MABRY TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/17/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2583622** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**PATEL, PRADIP C.**  
**11016 N.DALE MABRY**  
**TAMPA FL 33618**

10. Name and Address of Now Registered Agent

81 Name **SANDIP I. PATEL**  
82 Street Address (P.O. Box Number is Not Acceptable) **122 SOUTH HOWARD AVENUE**  
83  
84 City **TAMPA** FL 85 Zip Code **33606**

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 Sandip I. Patel **SANDIP I. PATEL, ESQ.** 2/15/94  
(Signature of person in name of registered agent and the agent) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>EMANDI, V. ROA</b>
STREET ADDRESS	<b>13904 LAKESHORE BLVD.</b>
CITY-ST-ZIP	<b>HUDSON FL</b>
TITLE	<b>PCD</b>
NAME	<b>PATEL, PRADIP C.</b>
STREET ADDRESS	<b>11016 N.DALE MABRY</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>TD</b>
NAME	<b>PATEL, PANKAJ M</b>
STREET ADDRESS	<b>11016 N. DALE MABRY</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>SD</b>
NAME	<b>SHAH, RUPESH R</b>
STREET ADDRESS	<b>11016 N. DALE MABRY</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	<b>REMOVE AS DIRECTOR</b>
13	STREET ADDRESS	
14	CITY-ST-ZIP	
2	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	
3	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	<b>REMOVE AS DIRECTOR</b>
33	STREET ADDRESS	
34	CITY-ST-ZIP	
4	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
5	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52	NAME	<b>VD KIRAN C. PATEL</b>
53	STREET ADDRESS	<b>11016 N. DALE MABRY</b>
54	CITY-ST-ZIP	<b>TAMPA FL, 33618</b>
6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-ZIP	

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this report if changed or can be furnished with an address.

SIGNATURE: Sandip I. Patel 2-15-95 813-960-2530  
(Signature and Title of Printing Officer or Director) (Date) (Phone Number)