

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**

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

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

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 care of whose name of registered agent and that of agent) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	EMANDI, V. ROA
STREET ADDRESS	13904 LAKESHORE BLVD.
CITY, ST, ZIP	HUDSON FL
TITLE	PCD
NAME	PATEL, PRADIP C.
STREET ADDRESS	11016 N.DALE MABRY
CITY, ST, ZIP	TAMPA FL
TITLE	TD
NAME	PATEL, PANKAJ M
STREET ADDRESS	11016 N. DALE MABRY
CITY, ST, ZIP	TAMPA FL
TITLE	SD
NAME	SHAH, RUPESH R
STREET ADDRESS	11016 N. DALE MABRY
CITY, ST, ZIP	TAMPA FL
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
2. NAME	REMOVE AS DIRECTOR
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REMOVE AS DIRECTOR
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	KIRAN C. PATEL
5.4 CITY, ST, ZIP	11016 N. DALE MABRY TAMPA FL, 33618
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby 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 signature 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: x Sandip I. Patel **2-15-94** **813-960-2530**
(Signature and Title of Printing Officer or Director) (Date) (Phone Number)