

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H57511 (8)

1. Corporation Name
WELL CARE HMO, INC.



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

3. Date Incorporated or Qualified: **05/17/1985**
3a. Date of Last Report: **03/03/1995**
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATEL, SANDIP I.
122 SOUTH HOWARD AVE.
TAMPA FL 33606**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

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 607.0508, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and the filer (agent) (NOTE: Registered Agent signature is required when filing online) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	EMANDI, V. ROA	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EMANDI, V. ROA	13904 LAKESHORE BLVD.	1.2 NAME:	
STREET ADDRESS: 13904 LAKESHORE BLVD.	HUDSON FL	1.3 STREET ADDRESS:	
CITY-ST-ZIP: HUDSON FL		1.4 CITY-ST-ZIP:	
TITLE: PCD	PATEL, PRADIP C.	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PATEL, PRADIP C.	11016 N.DALE MABRY	2.2 NAME:	
STREET ADDRESS: 11016 N.DALE MABRY	TAMPA FL	2.3 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		2.4 CITY-ST-ZIP:	
TITLE: T	PATEL, PANKAJ M	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PATEL, PANKAJ M	11016 N. DALE MABRY	3.2 NAME:	
STREET ADDRESS: 11016 N. DALE MABRY	TAMPA FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		3.4 CITY-ST-ZIP:	
TITLE: SD	SHAH, RUPESH R	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHAH, RUPESH R	11016 N. DALE MABRY	4.2 NAME:	
STREET ADDRESS: 11016 N. DALE MABRY	TAMPA FL	4.3 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		4.4 CITY-ST-ZIP:	
TITLE: VD	PATEL, KIRAN	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PATEL, KIRAN	11016 N. DALE MABRY	5.2 NAME:	
STREET ADDRESS: 11016 N. DALE MABRY	TAMPA FL	5.3 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do 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)(k), Florida Statutes. I further certify that the information indicated 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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pradip C. Patel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Day, the Month, #

CR2E034 (12/95)