


2002 UNIFORM BUSINESS REPORT (UBR)

0429005 AV

DOCUMENT # H57511
 1. Entity Name
WELL CARE HMO, INC.

FILED
 02 FEB 18 PM 2:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 6800 N DALE MABRY SUITE 270-299 TAMPA FL 33614 US	Mailing Address 6800 N DALE MABRY SUITE 270-299 TAMPA FL 33614 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2583622	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**PATEL, SANDIP I ESQ
6800 N. DALE MABRY HWY #268
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PATEL, PRADIP C. 6800 N. DALE MABRY, SUITE 270-299 TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAH, RUPESH R 6800 N. DALE MABRY, SUITE 270-299 TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, KIRAN 6800 N. DALE MABRY, SUITE 270-299 TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004954348 -02/19/02--01016--017 ****200.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)