

ACCOUNT FILING COVER SHEET

H/S 7511

ACCOUNT NUMBER: FCA000000005

REFERENCE: 960 2873
(Sub Account)

DATE: 10/4

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____-____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Well Care HMO, Inc.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

FILED
2002 OCT -4 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 OCT -4 PM 2:15
DIVISION OF CONTRACTOR

35.00
Chg. RA

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up

100008212971--8

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Well Care HMO, Inc.

2. The principal office address: 6800 North Dale Mabry Highway, Suite 268, Tampa, FL 33614

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05-17-1985 Document number: H57511

5. The name and street address of the current registered agent and registered office on file with Florida Department of State:

Patel, Sandip I Esq.

6800 N. Dale Mabry Hwy #268

Tampa, FL 33614

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LexisNexis Document Solutions Inc.

3953 W.W. Kelley Road

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32311

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Todd S. Farha
(Signature of an officer, chairman or vice chairman of the board)

Todd S. Farha, CEO & President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kimberly L. Sharpe
(Signature of Registered Agent)

10.2.02
(Date)

If signing on behalf of an entity:

Kimberly L. Sharpe

Assistant Secretary

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314