


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90212 039 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H57511					
1. Entity Name WELL CARE HMO, INC.					
Principal Place of Business 6800 N DALE MABRY SUITE 268 TAMPA, FL 33614 US			Mailing Address 6800 N DALE MABRY SUITE 268 TAMPA, FL 33614 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Corporation Service Company	
				Street Address (P.O. Box Number is Not Acceptable)	
				1201 Hays Street	
				City Tallahassee	FL Zip Code 32301
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D. T. CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARHA, TODD S		NAME	Behrens. Paul L.	
STREET ADDRESS	6800 N. DALE MABRY, SUITE 270-299		STREET ADDRESS	6800 N. Dale Mabry Hwy. Ste 268	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPESH, BEREDAY		NAME		
STREET ADDRESS	6800 N. DALE MABRY HWY STE 268		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V. S. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEREDAY, THADDEUS		NAME	Beredav. Thaddeus	
STREET ADDRESS	6800 N. DALE MABRY HWY STE 268		STREET ADDRESS	6800 N. Dale Mabry Hwy. Ste 268	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V. AS. AT. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID		NAME	Smith. David K.	
STREET ADDRESS	6800 N. DALE MABRY HWY STE 268		STREET ADDRESS	6800 N. Dale Mabry Hwy. Ste 268	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, KIRAN		NAME		
STREET ADDRESS	6800 N. DALE MABRY HWY STE 268		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, GARY		NAME		
STREET ADDRESS	6800 N. DALE MABRY HWY STE 268		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4/29/04		8/3 290 6353
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>