
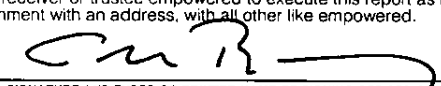


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H57511 1. Entity Name WELLCARE OF FLORIDA, INC.						FILED 05 APR 15 PM 5: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 8735 HENDERSON ROAD, REN 2				3. Mailing Address 8735 HENDERSON ROAD, REN 2			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State TAMPA, FLORIDA				City & State TAMPA, FLORIDA			
Zip 33634		Country USA		Zip 33634		Country USA	
4. FEI Number 59-2583622				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				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. I am familiar with, and accept the obligations of registered agent. 700050929897							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FARHA, TODD S 6800 N. DALE MABRY, SUITE 270-299 TAMPA, FL 33614 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D FARHA, TODD S. 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTCF BEHRENS, PAUL L 6800 N DALE MABRY HWY, STE. 268 TAMPA, FL 33614 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T/D BEHRENS, PAUL L. 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BEREDAY, THADDEUS 6800 N. DALE MABRY HWY STE 268 TAMPA, FL 33614 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BEREDAY, THADDEUS 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST SMITH, DAVID 6800 N. DALE MABRY HWY STE 268 TAMPA, FL 33614 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T/D SMITH, DAVID 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KIRAN 6800 N. DALE MABRY HWY STE 268 TAMPA, FL 33614 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KIRAN C., M.D. 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, GARY 6800 N. DALE MABRY HWY STE 268 TAMPA, FL 33614 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, GARY 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date 4/12/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 813-290-6353			

**WELLCARE OF FLORIDA, INC.
DOCUMENT # H57511**

11. (continued)	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAH, RUPESH	
STREET ADDRESS	8735 HENDERSON ROAD, REN 2	
CITY-ST-ZIP	TAMPA, FL 33634	



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 315782 7105070

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 158.75

ORDER DATE : April 14, 2005

ORDER TIME : 2:42 PM

ORDER NO. : 315782-035

CUSTOMER NO: 7105070

CUSTOMER: Ms. Sandra L. Blake
Greenberg Traurig, P.a.
Suite 500
800 Connecticut Avenue, N.w.
Washington, DC 20006

ANNUAL REPORT FILING

NAME: WELLCARE OF FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____

05 APR 15 PM 4:19
117-1175070