

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04072006 Chg-P CR2E034 (11/05)

DOCUMENT # H57511 1. Entity Name WELLCARE OF FLORIDA, INC.			
Principal Place of Business 8725 HENDERSON ROAD REN 1 TAMPA, FL 33634 US		Mailing Address 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		7. Name and Address of New Registered Agent	
LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301		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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Amended AR is \$61.25		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	PCED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARHA, TODD S	NAME	
STREET ADDRESS	8735 HENDERSON ROAD,REN 2	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
TITLE	CFOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, PAUL L	NAME	
STREET ADDRESS	8735 HENDERSON ROAD,REN 2	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEREDAY, THADDEUS	NAME	
STREET ADDRESS	8735 HENDERSON ROAD,REN 2	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVE	NAME	
STREET ADDRESS	8735 HENDERSON ROAD,REN 2	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, KIRAN C MD	NAME	
STREET ADDRESS	8735 HENDERSON ROAD,REN 2	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, GARY	NAME	
STREET ADDRESS	8735 HENDERSON ROAD,REN 2	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4/11/2006 Daytime Phone #: 813 290 6353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

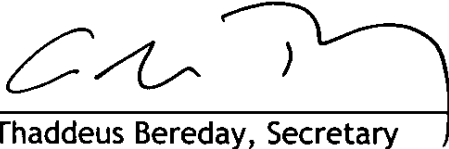
Exhibit A
to the 2006 Amended Annual Report of
WellCare of Florida, Inc.
Document no. H57511

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Additions

P-FL
Sattaur, Imtiaz
8735 Henderson Road, Ren 2
Tampa, FL 33634

By:


Thaddeus Bereday, Secretary