

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57511

FILED  
Apr 09, 2010  
Secretary of State

Entity Name: WELLCARE OF FLORIDA, INC.

**Current Principal Place of Business:**

8735 HENDERSON ROAD  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

8735 HENDERSON ROAD  
TAMPA, FL 33634 US

**New Mailing Address:**

FEI Number: 59-2583622      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: CUNNINGHAM, ALEXANDER R  
Address: 8735 HENDERSON ROAD  
City-St-Zip: TAMPA, FL 33634

Title: DT  
Name: TRAN, THOMAS L  
Address: 8735 HENDERSON ROAD  
City-St-Zip: TAMPA, FL 33634

Title: S  
Name: IGLESIAS, LISA G  
Address: 8735 HENDERSON ROAD  
City-St-Zip: TAMPA, FL 33634

Title: D  
Name: CLARKE, GARY J  
Address: 411 E. COLLEGE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP  
Name: COOPER, CHRISTINA  
Address: 8735 HENDERSON ROAD  
City-St-Zip: TAMPA, FL 33634

Title: DAT  
Name: HEBERT, MAURICE S  
Address: 8735 HENDERSON ROAD  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA G IGLESIAS

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04/09/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date