

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90184 013 ***150.00

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2583622**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
3953 W.W. KELLY RD.
TALLAHASSEE FL 32311**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	PCD PATEL, PRADIP C. 6800 N. DALE MABRY, SUITE 270-299 TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAH, RUPESH R 6800 N. DALE MABRY, SUITE 270-299 TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, KIRAN 6800 N. DALE MABRY, SUITE 270-299 TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODD S. FARHA 6800 N. DALE MABRY HWY, SUITE 268 TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID SMITH 6800 N. DALE MABRY HWY, SUITE 268 TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KIRAN 6800 N. DALE MABRY HWY, SUITE 268 TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY CLARKE 6800 N. DALE MABRY HWY, SUITE 268 TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THADDEUS BEREDAY 6800 N. DALE MABRY HWY, SUITE 268 TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUPESH R. SHAH 6800 N. DALE MABRY HWY, SUITE 268 TAMPA, FL 33614	<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: SIGNATURE REQUIRED Date 4/21/03 Daytime Phone # 813-290-6353

CR2E034 (10/02)