TRANSMITTAL LETTER ent of State

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: ABC'S OF WELL CARE, INC.

(Proposed corporate name - must include sufficiency 1003083671--1-2/29/99-01095-012
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status				& Cer Status	Fee, ied Copy tificate of		
FROM:			nted or type	ed)		_		
	13200 SPR		HILL	DRIVE		SECULTARIAS:		i 188
	SPRING HILL	F		4609		C	og PM 3:16	
	25)- 623	حـ ا ح	526			- P''		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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ARTICLES OF INCORPORATION	۵، د ۱
T 1	ASE 9
`The undersigned incorporator, for the purpose of forming a corp Business Corporation Act, hereby adopts the following Articles of	
	388
ARTICLE I NAME	A P
The name of the corporation shall be: ABC'S OF	WELL CARE, FIX. Tog of
	Rich o
ARTICLE II PRINCIPAL OFFICE	Y
The principal place of business and mailing address of this	corporation shall be: 13200 SPRING HILL DRIVE
	SPRING HILL FL 34609
	•
ARTICLE III SHARES	
The number of shares of stock that this corporation is author	rized to have outstanding at any one time is: 1 000
The second secon	12. 1,000
ARTICLE IV INITIAL REGISTERED AGEN	<u>T AND STREET ADDRESS</u>
The name and Florida street address of the initial registered	
	300 SILAS COURT
	300 SILAS COURT SPRING HILL, FL 34609
ARTICLE V INCORPORATOR	•
The name and address of the incorporator to these Articles	s of Incorporation are: TOSEPH SHOLOMITH
	13200 SPRING HILL DRIVE
\sim	s of Incorporation are: JOSEPH SHOLOM ITH 13200 SPRING HILL BRIVE SPRING HILL FL 34609
	3/1019) 111-1
$\langle N \rangle \langle X \rangle M$	
1 Hry (Walnut)	12-27-99
Signature/Incorporator	Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Date