

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90023 026 \*\*\*150.00

**DOCUMENT # P00000001350**

1. Entity Name  
**ABC'S OF WELL CARE, INC.**

Principal Place of Business      Mailing Address  
**13200 SPRING HILL DR.**      **13200 SPRING HILL DR.**  
**SPRING HILL FL 34609**      **SPRING HILL FL 34609**

**C0089507**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**57-3617438**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**SHOLOMITH, JOSEPH**      Name  
**300 SILAS CT.**      Street Address (P.O. Box Number is Not Acceptable)  
**SPRING HILL FL 34609**      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.  
 SIGNATURE: *Joseph Sholomith*      *[Signature]*      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**      10. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>PRESIDENT</b> <b>JOSEPH SHOLOMITH</b> <b>13200 SPRING HILL DR.</b> <b>SPRING HILL FL 34609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Joseph Sholomith*      **4-27-00**      **352-683-0102**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #