

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103318

FILED
Jan 10, 2007
Secretary of State

Entity Name: RADIUS WELLCARE CORPORATION

Current Principal Place of Business:

1931 S. TURTLE AVE.
SARASOTA, FL 34239 US

New Principal Place of Business:

1931 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239 US

Current Mailing Address:

1931 S. TURTLE AVE.
SARASOTA, FL 34239 US

New Mailing Address:

1931 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239 US

FEI Number: 20-1349150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TREITMAN, NEIL
1931 S. TURTLE AVE.
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

TREITMAN, NEIL
1931 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239 US

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: NEIL TREITMAN

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TREITMAN, NEIL
Address: 1931 S. TURTLE AVE.
City-St-Zip: SARASOTA, FL 34239 US

Title: STV () Delete
Name: ROSS, MICHAEL
Address: 8408 SE 80TH STREET
City-St-Zip: MERCER ISLAND, WA 98040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TREITMAN, NEIL
Address: 1931 S. TURTLE AVE.
City-St-Zip: SARASOTA, FL 34239 US

Title: STVP (X) Change () Addition
Name: ROSS, MICHAEL ESQUIRE
Address: 8408 SE 80TH STREET
City-St-Zip: MERCER ISLAND, WA 98040 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NEIL TREITMAN

PRES

01/10/2007

Electronic Signature of Signing Officer or Director

Date