2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# P05000022853

Entity Name: PARTNERCARE HEALTH PLAN, INC.

Current Principal Place of Business:

5604 PINE BAY DR
TAMPA, FL 33625

New Principal Place of Business:

5501 W WATERS AVE
STE 401
TAMPA, FL 33624

Current Mailing Address:

5604 PINE BAY DR
TAMPA, FL 33625

New Mailing Address:

5501 W WATERS AVE
SUITE 401
TAMPA, FL 33624

FEI Number: 13-4293648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FREDERICK J MILLS, ESQ.
MORRISON & MILLS PA
1200 W PLATT ST, SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

GULBIS, VIT
AKERMAN SENTERFITT
100 SOUTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 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: VIT GULBIS 03/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WHITNEY, TODD W
Address: 5604 PINE BAY DR
City-St-Zip: TAMPA, FL 33625

Title: VSD (X) Delete
Name: DUNN, STEPHEN L
Address: 5604 PINE BAY DR
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: WHITNEY, TODD W
Address: 5501 W WATERS AVE SUITE 401
City-St-Zip: TAMPA, FL 33634

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TODD WHITNEY P 03/28/2006
Electronic Signature of Signing Officer or Director Date