

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H57511

**FILED  
Mar 05, 2020  
Secretary of State  
0636279744CC**

**Entity Name:** WELLCARE OF FLORIDA, INC.

**Current Principal Place of Business:**

3031 N. ROCKY POINT DRIVE  
SUITE 600  
TAMPA, FL 33607

**Current Mailing Address:**

8735 HENDERSON ROAD  
TAMPA, FL 33634 US

**FEI Number: 59-2583622**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ASHER, ANDREW L .  
Address 8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title DIRECTOR, VP, CAO, ASST. TREASURER  
Name MEYER, MICHAEL T.  
Address 8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title VP, SECRETARY  
Name HABER, MICHAEL W.  
Address 8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title VP, ASST. SECRETARY  
Name MEYER, TAMMY L.  
Address 8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title PRESIDENT  
Name MILLER, ELIZABETH M.  
Address 3031 N. ROCKY POINT DRIVE W SUITE 600  
City-State-Zip: TAMPA FL 33607

Title VP, TREASURER  
Name JANKOVIC, GORAN  
Address 8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title VP, CFO  
Name WILLIAMS, STEPHANIE  
Address 8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL W. HABER**

**VP, SECRETARY**

**03/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date