

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H57511

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

**Current Principal Place of Business:**

8735 HENDERSON ROAD  
TAMPA, FL 33634

**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, CFO, T  
Name           TRAN, THOMAS L  
Address        8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title           DIRECTOR, CHIEF ACCT OFFCR, AT  
Name           HEBERT, MAURICE S  
Address        8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title           DIRECTOR, SECRETARY  
Name           IGLESIAS, LISA G  
Address        8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title           DIRECTOR, PRESIDENT, NATL HLT  
                  PLANS  
Name           PAQUIN, DANIEL R  
Address        8735 HENDERSON ROAD  
City-State-Zip: TAMPA FL 33634

Title           DIRECTOR, REGION PRESIDENT  
Name           MCNICHOLS, DAVID J  
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:** LISA G IGLESIAS

**DIRECTOR, SECRETARY    04/08/2013**

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

\_\_\_\_\_  
Date