

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57511

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, CFO, TREASURER
Name ASHER, ANDREW 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, SVP, SECRETARY
Name TODT, BLAIR W
Address 8735 HENDERSON ROAD
City-State-Zip: TAMPA FL 33634

Title STATE PRESIDENT
Name MACDONALD, GREGG
Address 3031 N. ROCKY POINT DRIVE
SUITE 600
City-State-Zip: TAMPA FL 33607

Title DIRECTOR, PRESIDENT
Name BURDICK, KENNETH A
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: BLAIR W. TODT**SECRETARY****04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date