

2021 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:

7700 FORSYTH BLVD.
ST. LOUIS, MO 63105 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 PRESIDENT, DIRECTOR
Name MILLER, ELIZABETH M.
Address 3031 N. ROCKY POINT DRIVE W
 SUITE 600
City-State-Zip: TAMPA FL 33607

Title DIRECTOR, CFO
Name FABRIZI, TRACI
Address 3031 N. ROCKY POINT DRIVE
 SUITE 600
City-State-Zip: TAMPA FL 33607

Title ASST. SECY, DIRECTOR
Name PERDUE, TAMELA
Address 3031 N. ROCKY POINT DRIVE
 SUITE 600
City-State-Zip: TAMPA FL 33607

Title VP, TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title VP, SECRETARY
Name ALONZO, JAN
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

Title VP, TREASURER
Name SCHWANEKE, JEFFREY
Address 7700 FORSYTH BLVD.
City-State-Zip: ST. LOUIS MO 63105

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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date