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Ta:

Division of Corporations

Pax Number

: (850)617-6380

FIOM:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL WELLCARE INSURANCE AGENCY, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORID.

AND EN

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	WellCare Insurance Agency,		1	
		(Name of Corporation	.)	
	F06000002816			
	Z B B B B B B B B B B B B B B B B B B B	(Document Number of Corporation	n (if known)	
				-
	Illinois	(Incorporated Under Laws	s of)	
		,	ı	
		acting business or conducting		Florida and here
voluntari	y surrenders as authority (to transact business or conduct	anars in Fiorida.	
This corp	oration revokes the authority Department of State as	ority of its registered agent in this agent for service of proces	n Florida to accept services based on a cause of activ	e on its behalf a
		usiness or conduct affairs in Flo		waring and a
The follow	wing is a current mailing a	iddress for the corporation:		
	_	·		
9	735 HENDERSON ROAD	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·	
		(1	
_	TAMPA, FL 33634			
		(City/ State /Zip)		
The corpo	ration agrees to notify the	Department of State in the fut	ure of any change in its m	ailing address.
	Koulglen		6-17-10)
(Sig	mature of a director, president or of colver or other court appointed lide	ther officer - if in the hands of a uciery, by that fiduciary)	(Date)	
,				
_(1SA Iglesias		Secretary	aigning)
	(Typed or painted name of pai	son signing)	(1 life of below)	Augume)
		FILING FEE \$35		- F. 6
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