

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90135 042 ***150.00

DOCUMENT # L45004

1. Entity Name
WELLCARE MANAGEMENT CORPORATION

Principal Place of Business

**C/O SHIRLEY A NAGEL
130 WATERMAN AVE.
MT. DORA FL 32757**

Mailing Address

**C/O SHIRLEY A NAGEL
130 WATERMAN AVE.
MT. DORA FL 32757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2995022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAGEL, SHIRLEY A
130 WATERMAN AVE
MOUNT DORA FL 32757**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------|-------------------------|-------------------------|---------------------------------|---------------------------------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | D | NAGEL, SHIRLEY A | 130 WATERMAN AVE | MT DORA FL 32757 | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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CR2E034 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-2002 352-383-8222



ADULT MEDICINE OF LAKE COUNTY, INC.

*Shirley A. Nagel, M.D.**

*Eleanor F. Davina-Brown, D.O.**

Laura Beck, M.S., A.R.N.P., C.S.

Angela K. Shouse, PA-C

Attachment

L 450084

B0131909

* DIPLOMATES OF INTERNAL MEDICINE

130 WATERMAN AVE.
MOUNT DORA, FL. 32757
TELEPHONE: (352) 383-8222
FAX: (352) 383-1420

July 18, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302

CORPORATION: Wellcare Management Corporation

RE: Request to waive late fee

Dear Sirs:

Please find enclosed the \$150.00 fee for the 2002 uniform business report. I am requesting that you waive the late fee as we never received the forms until July 2002.

Thank you,

Shirley A. Nagel, M.D.