## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 24, 2002 8:00 am Secretary of State DOCUMENT # L45004 1. Entity Name 07-24-2002 90135 042 \*\*\*150.00 WELLCARE MANAGEMENT CORPORATION Principal Place of Business Mailing Address C/O SHIRLEY A NAGEL C/O SHIRLEY A NAGEL 130 WATERMAN AVE. 130 WATERMAN AVE. MT. DORA FL 32757 MT. DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2995022 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAGEL, SHIRLEY A Street Address (P.O. Box Number is Not Acceptable) 130 WATERMAN AVE **MOUNT DORA FL 32757** City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Addition NAME NAGEL, SHIRLEY A NAME STREET ADDRESS 130 WATERMAN AVE STREET ADDRESS CITY-ST-ZIP MT DORA FL 32757 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE: - Delete . Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

☐ Change

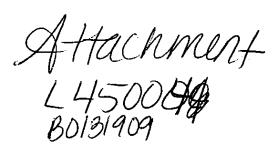
☐ Addition

☐ Addition



## 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



\* 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.