

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45004

FILED
Jan 15, 2008
Secretary of State

Entity Name: WELLCARE MANAGEMENT CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O SHIRLEY A NAGEL
3619 LAKE CENTER DRIVE
MT. DORA, FL 32757

FEI Number: 59-2995022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NAGEL, SHIRLEY A
3619 LAKE CENTER DRIVE
MOUNT DORA, FL 32757 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:

01/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NAGEL, SHIRLEY A
Address: 130 WATERMAN AVE
City-St-Zip: MT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NAGEL, SHIRLEY A
Address: 3619 LAKE CENTER DRIVE
City-St-Zip: MT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY A NAGEL

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01/15/2008

Electronic Signature of Signing Officer or Director

Date