

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006107

FILED
May 01, 2004
Secretary of State

Entity Name: WELLCARE CENTERS INTERNATIONAL, INC.

Current Principal Place of Business:

5029 MUELLERS LANE
SAFETY HARBOR, FL 34695

New Principal Place of Business:

2519 MCMULLEN BOOTH ROAD
SUITE 510-210
CLEARWATER, FL 33761

Current Mailing Address:

PO BOX 15132
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MASON, ANDREW K
5029 MUELLERS LANE
SAFETY HARBOR, FL 34695

Name and Address of New Registered Agent:

MASON, ANDREW K
2519 MCMULLEN BOOTH ROAD
SUITE 510-210
CLEARWATER, FL 33761

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: ANDREW MASON

05/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MASON, ANDREW K
Address: PO BOX 15132
City-St-Zip: CLEARWATER, FL 33766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW MASON

PRES

05/01/2004

Electronic Signature of Signing Officer or Director

Date