

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060800

Entity Name: FAMILY WELLCARE, P.A.

FILED
Feb 03, 2005
Secretary of State

Current Principal Place of Business:

1700 N MCMULLEN BOOTH ROAD
C-3
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

1700 N MCMULLEN BOOTH ROAD
C-3
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 02-0616363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALFORD, RICHARD L
1700 MCMULLEN BOOTH ROAD
C-3
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

ALFORD, RICHARD L
1700 MCMULLEN BOOTH ROAD
CLEARWATER, FL 33759 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:

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, WILLIAM
Address: 1700 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33759

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: WILLIAM ALVAREZ

DR.

02/03/2005

Electronic Signature of Signing Officer or Director

Date