2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 08, 2007 08:00 AM DOCUMENT # P02000060800 **Secretary of State** 1. Entity Name FAMÍLY WELLCARE, P.A. Principal Place of Business Mailing Address 1700 N MCMULLEN BOOTH ROAD 1700 N MCMULLEN BOOTH ROAD CLEARWATER, FL 33759 CLEARWATER, FL 33759 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0616363 Not Applicable \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent ALFORD, RICHARD L DO NOT WRITE 1700 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759 IN THIS SPACE 8. The above named entity aubmits 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ALVAREZ, WILLIAM NAME STREET ADDRESS 1700 MCMULLEN BOOTH ROAD Ų00000s?7991 CITY-ST-ZIP CLEARWATER, FL 33759 01/09/07-80011-011,150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7171 F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITI F

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William albany WILLIAM ALVAREZ

NAME STREET ADDRESS CITY-ST-ZIP

JANUARY 4, 2007

727-723-3921