

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093778

**FILED**  
**Mar 08, 2009**  
**Secretary of State**

**Entity Name:** POLK WELL CARE CORPORATION

**Current Principal Place of Business:**

1045 E RD 540A  
LAKELAND, FL 33813

**New Principal Place of Business:**

6155 SOUTH FLORIDA AVENUE  
SUITE 10  
LAKELAND, FL 33813

**Current Mailing Address:**

1045 E RD 540A  
LAKELAND, FL 33813

**New Mailing Address:**

6155 SOUTH FLORIDA AVENUE  
SUITE 10  
LAKELAND, FL 33813

**FEI Number:** 02-0698623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAVI, HIMAGIRI  
1045 E RD 540A  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

RAVI, HIMAGIRI DR.  
6155 SOUTH FLORIDA AVENUE  
SUITE 10  
LAKELAND, FL 33813 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: DR. HIMAGIRI RAVI

03/08/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAVI, HIMAGIRI  
Address: 1045 E RD 540A  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: RAVI, HIMAGIRI  
Address: 6155 SOUTH FLORIDA AVE., STE 10  
City-St-Zip: LAKELAND, FL 33813

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: HIMAGIRI RAVI

DR.

03/08/2009

Electronic Signature of Signing Officer or Director

Date