

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093778

FILED
Mar 04, 2011
Secretary of State

Entity Name: POLK WELL CARE CORPORATION

Current Principal Place of Business:

6155 SOUTH FLORIDA AVENUE
SUITE 10
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

6155 SOUTH FLORIDA AVENUE
SUITE 10
LAKELAND, FL 33813

New Mailing Address:

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 DR.
6155 SOUTH FLORIDA AVENUE
SUITE 10
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: HIMAGIRI RAVI

DR.

03/04/2011

Electronic Signature of Signing Officer or Director

Date