2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2012
Secretary of State

DOCUMENT# P03000093778

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:

6155 SOUTH FLORIDA AVENUE
SUITE 7
LAKELAND, FL 33813

Current Mailing Address:

6155 SOUTH FLORIDA AVENUE
SUITE 10
LAKELAND, FL 33813

New Mailing Address:

6155 SOUTH FLORIDA AVENUE
SUITE 7
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 DR.
6155 SOUTH FLORIDA AVENUE
SUITE 10
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

RAVI, HIMAGIRI DR.
6155 SOUTH FLORIDA AVENUE
SUITE 7
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: _____ 02/29/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DR
Name: RAVI, HIMAGIRI
Address: 6155 SOUTH FLORIDA AVE., STE 7
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 02/29/2012
Electronic Signature of Signing Officer or Director — Date