# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2006-90037-020-$150.00-$150.00

DOCUMENT # P04000103318

1. Entity Name
RADIUS WELLCARE CORPORATION

FILED
06 SEP 25 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08172006 Chg-P CR2E034 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| ~~5301 CYPRESS STREET~~ | ~~5301 CYPRESS STREET~~ |
| ~~SUITE 111~~ | ~~SUITE 111~~ |
| ~~TAMPA, FL 33607 US~~ | ~~TAMPA, FL 33607 US~~ |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1931 S. Tuttle Ave. | 1931 S. Tuttle Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Sarasota, FL | City & State: Sarasota, FL |
| Zip: 34239 Country: US | Zip: 34239 Country: US |

4. FEI Number: 20-1349150 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TREITMAN, NEIL | Name |
| ~~5301 CYPRESS STREET~~ | Street Address (P.O. Box Number is Not Acceptable) |
| ~~SUITE 111~~ | 1931 S. Tuttle Ave. |
| ~~TAMPA, FL 33607~~ | City: Sarasota FL Zip Code: 34239 |

8. 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. 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) DATE

**FILE NOW!! FEE IS $150.00**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | DP ☐ Delete | TITLE | ☒ Change ☐ Addition |
| NAME | TREITMAN, NEIL | NAME | |
| STREET ADDRESS | ~~4000 HARBOUR ISLAND~~ | STREET ADDRESS | 1931 S. Tuttle Ave. |
| CITY-ST-ZIP | ~~TAMPA, FL 33602~~ | CITY-ST-ZIP | Sarasota, FL 34239 |
| TITLE | STV ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | ROSS, MICHAEL | NAME | |
| STREET ADDRESS | 8408 SE 80TH STREET | STREET ADDRESS | |
| CITY-ST-ZIP | MERCER ISLAND, WA 98040 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. 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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eckel SEP 20 2006