P05000044854

DEC-21-2005 16:03 P.01

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : WELLCARE HEALTH PLANS, INC.
Account Number : I20050000188
Phone : (813)290-6226
Fax Number : (813)290-6210

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05 DEC 21 AM 10:00
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

WELLCARE PRESCRIPTION INSURANCE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$35.00

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December 21, 2005

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WELLCARE PRESCRIPTION INSURANCE, INC.
6735 HENDERSON ROAD
RENAISSANCE TWO
TAMPA, FL 33634

SUBJECT: WELLCARE PRESCRIPTION INSURANCE, INC.
REF: P05000044854

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

FAX Aud. #: E05000289997
Letter Number: 605A00073022

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: WellCare Prescription Insurance, Inc.

2. The principal office address: 6735 Henderson Road, Renaissance Two, Tampa, FL 33634

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/24/2005 Document number: P05000044854

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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.
2731 Executive Park Drive, Ste. 4
Weston, FL 33331

6. The name and street address of the *new* registered agent (if changed) and */or* registered office (if changed):

Corporation Service Company
1201 Hayes Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director) Thad Bereday, Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Carla Lohi 12-21-05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
Carla Lohi
Asst. Vice President
(Typed or Printed Name)

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* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)