

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90176 001 ***450.00

DOCUMENT # P05000044854

1. Entity Name
WELLCARE PRESCRIPTION INSURANCE, INC.



Principal Place of Business
**8725 HENDERSON ROAD, REN 2
TAMPA, FL 33634**

Mailing Address
**8735 HENDERSON ROAD
RENAISSANCE TWO
TAMPA, FL 33634**

66004169



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02232007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-2383134

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

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEP
FARHA, TODD S
8735 HENDERSON ROAD, REN 2
TAMPA, FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCFT
BEHRENS, PAUL L
8735 HENDERSON ROAD, REN 2
TAMPA, FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BEREDAY, THADDEUS
8735 HENDERSON ROAD, REN 2
TAMPA, FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
SMITH, DAVID
8735 HENDERSON ROAD, REN 2
TAMPA, FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARKE, GARY
8735 HENDERSON ROAD, REN 2
TAMPA, FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIRERA, JOHN
8735 HENDERSON ROAD, REN 2
TAMPA, FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #

3-1-07 813 290 6353

ATTACHMENT

000004169

Exhibit A
to the 2007 Annual Report of
WellCare Prescription Insurance, Inc.
Document no. P05000044854

Additions

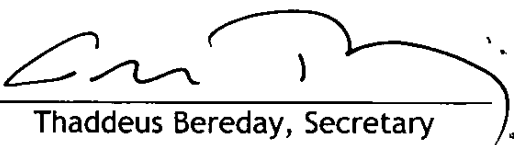
D
Miller, Adam
8735 Henderson Road, Ren. 2
Tampa, FL 33634

D
Mulroe, Karen
8735 Henderson Road, Ren. 2
Tampa, FL 33634

Changes

P
Todd S. Farha
8735 Henderson Road, Ren. 2
Tampa, FL 33634

By:


Thaddeus Bereday, Secretary