


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90014 036 ***150.00

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03242008 Chg-P CR2E034 (12/06)

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	
		Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P FARHA, TODD S 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Heath Schiesser 8735 Henderson Rd Tampa FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFT BEHRENS, PAUL L 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEREDAY, THADDEUS 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, DAVID 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, GARY 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRERA, JOHN 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

4-4-08 813 290
6200
Date Daytime Phone #

ATTACHMENT

40062115

Exhibit A
to the 2008 Annual Report of
WellCare Prescription Insurance, Inc.
Document no. P05000044854

Changes

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

Unchanged Directors not listed on the Annual Report:

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

By: _____



Karen Mulroe, Secretary