

Division of Corporations
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Division of Corporations

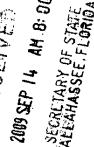
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

A CHILONION



## REGISTERED AGENT CHANGE

WELLCARE PRESCRIPTION INSURANCE, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ACENT OR BOTH FOR CORPORATIONS

slatement of ch	e provisions of sections 607.05 vange is submitted for a corpor ler to change its registered offi	ation organized under ce or registered agent	r the laws of the State of L or buth, in the State of	r Florida Florida
1. The name of	f the corporation: Well Care	presciption	Inswance, In	<u> </u>
2. The principa	al office address: DERSON ROAD TAMPA FL 33			
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 03	14 05 Doc	tument number: Pos	000044284
	nd street address of the current arrivent of State: (If resigned, e		egistered office on tile v	with the
	CORPORATION SERVICE	COMPANY		
	1201 hays street tall	AHASSEE FL 32301		
6. The name at (if changed)			• ,	SE
	C T Corporation System	1000 Book 65- 1-1-	7	TASS I
	c/o C T Corporation System,	P.O. Box NOT acceptable	Koza	- PH
	Plantation, Florida 33324	, , , , , , , , , , , , , , , , , , ,		71.0
The street add as changed wi	registered office and be identical.	d the street address o	of the business office of	f its register Ament, 2
Such change vauthorized by	was authorized by resolution of the board, of the corporation	luly adopted by its b has been notified in		
	fure of an officer of director		Tim Light Vice Pr Parket or typed name an	
I hereby accept further agree of my duties, document is become of the corporation hereby acceptance of the corporation of the corporation hereby acceptance of the corporation of the corporati	ot the appointment as register e to comply with the provision and I am familiar with and ac eing filed merely to reflect a t as been notified in writing of	ed ugent and agree to so of all statutes relations cept the obligation of change in the register this change.	to act in this capacity tive to the proper and c f my position as registe red office uddress, I he	
By: \ 20	T Corporation System	Kelly Snede	den e	7-4-09
	behalf of an entity:	Asst. Secret	tary	
·	Typed or Printed Name		, .	
	****	FILING FEE: \$35.0	)a * * *	

MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)