

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000107170

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: WELL CARE MEDICAL ASSOCIATES, P.A.

## Current Principal Place of Business:

4321 GUNN HWY  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

4321 GUNN HWY  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 54-2178893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AUGUSTIN, JEAN MAX H  
4321 GUNN HWY  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

JEAN-BAPTISTE, YVROSE  
4321 GUNN HWY  
TAMPA, FL 33618 US

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.

SIGNATURE: YVROSE JEAN-BAPTISTE

02/08/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS ( ) Delete  
Name: JEAN-BAPTISTE, YVROSE  
Address: 4321 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: PTD ( ) Delete  
Name: JEAN-BAPTISTE, YVES N  
Address: 4321 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: JEAN-BAPTISTE, CONSUELO  
Address: 4321 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVROSE JEAN-BAPTISTE

P

02/08/2007

Electronic Signature of Signing Officer or Director

Date