

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107170

FILED
Feb 12, 2009
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:

8011 N HIMES AVENUE
4
TAMPA, FL 33614 US

Current Mailing Address:

4321 GUNN HWY
TAMPA, FL 33618

New Mailing Address:

8011 N HIMES AVENUE
4
TAMPA, FL 33614 US

FEI Number: 54-2178893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JEAN-BAPTISTE, YVROSE
8011 N HIMES AVENUE
4
TAMPA, FL 33614 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

02/12/2009

Electronic Signature of Registered Agent

Date

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: VS (X) Change () Addition
Name: JEAN-BAPTISTE, YVROSE
Address: 8011 N HIMES AVENUE #4
City-St-Zip: TAMPA, FL 33614

Title: PTD (X) Change () Addition
Name: JEAN-BAPTISTE, YVES N
Address: 8011 N HIMES AVENUE #4
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change () Addition
Name: JEAN-BAPTISTE, CONSUELO
Address: 8011 N HIMES AVENUE #4
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify 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

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date